K 623

C-623 69 9501

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9501

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FRANK W. CRIST (KRYSTYAN) FRANK H CRIST

2. DATE AND HOUR OF DEATH: 9/24/69 8.45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL Inc 301 ST. PAUL PLACE BALTO 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 7158 GOUGH ST. 21224

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-3-1900
9. AGE (In years last birthday): 69.
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Bridge Operator City of Baltimore
11. BIRTHPLACE (State or foreign country): Maryland BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FELIX CRIST (Krystyan)
14. MOTHER'S MAIDEN NAME: Zmudziejewska ROSE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1922-23
16. SOCIAL SECURITY NO.: 218-12-3073A
17. INFORMANT: Mrs. Sophie Crist, 7158 Gough St.
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Disease with congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonitis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma c metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9/16 19 ~~69~~ to 9/24 19 69 that ~~I~~ (we) last saw the deceased alive on 9/24/69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Patrick A. Molony MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/24/69.
23C. PHYSICIAN'S NAME (Type): Patrick A. Molony DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Farber
25C. FUNERAL DIRECTOR: M. B. SADOWSKI & SONS, 1808 EASTERN AVE
ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. M-623 69 9502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9502

1. NAME OF DECEASED (Type or Print): EDWARD L MARSTON SR

2. DATE AND HOUR OF DEATH: 9/24/69 10.57 - a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home and Hospital 100 N. Broadway Baltimore MD. 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore 904
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3019 FRISBY St. 21218

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12+8+1918
9. AGE (In years last birthday): 50 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Routeman
10B. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Marston
14. MOTHER'S MAIDEN NAME: Lydai
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): 2 W. W.
16. SOCIAL SECURITY NO.: 215-10-2421
17. INFORMANT: Lillian Marston ADDRESS: same as his.

MEDICAL CERTIFICATION

18. 492 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Pulmonary Emphysema - Pulmonary failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yr

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Acute respiratory failure

19A. DATE OF OPERATION: 9/24
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tracheostomy for medical reasons
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to Sept 24 1969 that (I) (we) last saw the deceased alive on Sept 24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Milton B Kress DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): MILTON B. KRESS MD DEGREE
23D. ADDRESS: Church Home & Hospital 100 N Broadway Balt (State)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Balto National
24D. LOCATION (City, town, or county): Balto

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Paul E. Hemmerth Jr. ADDRESS: 3605 Eastern Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-200 69 9503

REG. NO. 69 9503

1. NAME OF DECEASED (Type or Print): ALBERT C. RACICK Sr.

2. DATE AND HOUR OF DEATH: 9/24/69, 12.55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): NORTH CHARLES GENL HOSP. 49

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2609
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 611 S. Zahm St. EATON

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 10/27/92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALBERT C. RACICK
14. MOTHER'S MAIDEN NAME: Herman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-07-2325
17. INFORMANT: Mrs Doris Bord ADDRESS: 117 N. Curley St

MEDICAL CERTIFICATION

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Superior Mesenteric artery thrombosis — years
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerosis Fibrillation 20 to A-5(4) — months
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23/ 19 69 to 9/24 19 69, that (I) (we) last saw the deceased alive on 9/24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Grace V. Patricio DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/24/69

23C. PHYSICIAN'S NAME (Type): GRACE V. PATRICIO DEGREE
23D. ADDRESS: MCGH.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: Paul M. Hoffman
ADDRESS: 3218 Hudson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

69 9504

L-600

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9504

BIRTH NO. Harford Co. Md

CERTIFICATE AMENDED 10-20-69

1. NAME OF DECEASED (Type or Print): Baby Boy Lehr	2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 21 Year: 69 Hour: 8:15 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION GIVEN TREATMENT, OR IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OF LOCATION): 33 Johns Hopkins Hospital	3. DATE PRONOUNCED DEAD — Month: 9 Day: 21 Year: 69 Hour: 8:15 A.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Harford 6232
6. SEX: Male 7. RACE: White B. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Aberdeen D. INSIDE CITY LIMITS? YES ☐ NO ☒
9. DATE OF BIRTH: 2-9-69 10. AGE (In years last birthday) If Under 1 Yr. Months: 7 Days: Hours: Min:	E. STREET AND NUMBER: 119 S. Hayes Bel Air, Maryland
11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Unknown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME: Susan Christine Lehr
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.: none	18. INFORMANT: Mrs. Mack, Dept. Social Services, Bel Air, Md. ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E968 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF: complicating cerebral injury due to hypoxia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Unknown 00-00
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Unknown m.	22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Unknown

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: R S Fisher M.D.

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-22-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: Sept. 25, 1969	24C. NAME of CEMETERY or CREMATORY: Harford Memorial Cemetery	24D. LOCATION (City, town, or county) (State): Aldino nr Aberdeen, Harford, Md.
25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR: Howard K. McComas & Son, Abingdon, Md.	ADDRESS

VS 151-REV. 1/1/68

N 8548

9/27 Medical Examiner said address should be listed
Belair, Md. CT

letter from M.E.'s office
10-20-69 MM.N.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-520 69 9505

REG. NO. 69 9505

1. NAME OF DECEASED (Type or Print): LINKE, LOUIS L.

2. DATE AND HOUR OF DEATH: SEPTEMBER 24, 1969 8:45A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2544

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3704 TENTH ST 21225

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 01/21/24

9. AGE (In years last birthday): 45

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: LOCAL #829

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EMIL LINKE

14. MOTHER'S MAIDEN NAME: LOUISEA (NEE RANKIN) Rankin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): W W 2

16. SOCIAL SECURITY NO.: 217-16-3906

17. INFORMANT: ST. AGNES HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CA. Nasopharynx c̄ metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Death 8:45 AM 9.24.69

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 15 19 69 to SEPTEMBER 24 19 69 that (I) (we) last saw the deceased alive on SEPTEMBER 24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jesada Muangsombut DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 09/

23C. PHYSICIAN'S NAME (Type): JESADA MUANGSOMBUT MD. DEGREE

23D. ADDRESS: BALTIMORE, MD 21229 ST. AGNES HOSP: CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-27-69

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State): Balto. 21225, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs

25C. FUNERAL DIRECTOR: J. H. Hahn ADDRESS: 4200 Pennington Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-251 69 9506

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9506

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROSENBERGER, MARY

2. DATE AND HOUR OF DEATH: 9/25/69. 3:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MD. 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 1547
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3095 WINDSOR AVE.

5. SEX: F
6. RACE: WHITE.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 3rd ~~Oct 8~~ 1884
9. AGE (In years lost birthday): 85 ~~87~~
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NOT KNOWN
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): UNKNOWN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN.
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: UNKNOWN.
17. INFORMANT: JOHN ROSENBERGER, ADDRESS: 626 N. DECKER ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E887 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST. — 16 DAYS.
DUE TO, OR AS A CONSEQUENCE OF: RESP. FAILURE.

(B) Fracture neck of femur, ~~old age~~.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ARTERIOSCLEROSIS.

19A. DATE OF OPERATION: 9-18-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fracture Left femur.
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) [X] —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): REST HOME.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3025 WINDSOR AVE 15-47
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-8-69.
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? ~~SPONTANEOUSLY~~ FELL AT REST HOME

22. I certify that (I) (this hospital) attended the deceased from 9-9 1969 to 9-25 1969, that (I) (we) last saw the deceased alive on 9-24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rajinder Gandhi DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-25-69
23C. PHYSICIAN'S NAME (Type): RAJINDER PAL GANDHI DEGREE
23D. ADDRESS: LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Reisterstown Road Balti Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Frederick D. Miller
ADDRESS: Box 3019 E. Monument St

VS 150-REV. 1/1/68

F-420 69 9507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9507

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR. AUGUST FLAIG

2. DATE AND HOUR OF DEATH: SEPT. 23, 1969 | 9:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 21229
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 106 S. Collins Ave 2008

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/7/99
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Machinist
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Flaig
14. MOTHER'S MAIDEN NAME: Agitha M. Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-3210
17. INFORMANT: Mrs. Myrtle Flaig, ADDRESS: 106 S. Collins Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 410.91

(A) IMMEDIATE CAUSE: acute posterolateral Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary Artery occlusion

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosl. Cardiovasc. disease

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 6 1963 to Sept 23 1969, that (I) (~~we~~) last saw the deceased alive on Sept 23, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Harry L. Knipp, MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-23-69
23C. PHYSICIAN'S NAME (Type): HARRY L. KNIPP, MD DEGREE
23D. ADDRESS: 4116 Edmondson Ave, Baltimore 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Maryland 21228

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Valley, M.D.
25C. FUNERAL DIRECTOR: Wietzke, Inc. ADDRESS: 1630 Edmondson Ave., Catonsville

VS-150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-516 69 9508

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9508

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SANFORD, ARTHUR

2. DATE AND HOUR OF DEATH: SEPT 24, 1969 | 3:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SAINT AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE, MD. 21228

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE, MD.
B. COUNTY: 2008
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 340 S. AUGUSTA AVE. 21229

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 05-02-13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARTENDER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HIRAM SANFORD DEC'D
14. MOTHER'S MAIDEN NAME: MARY E. RICE DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-2475
17. INFORMANT: ST. AGNES RECORD ROOM
ADDRESS: WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Keto acidosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: at least 4 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary edema — at least 1 yr
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus, Congestive Heart Failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-21 1969 to 9-24- 1969 that (I) (we) last saw the deceased alive on 9-24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gloria J. Boonswang, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 24 Sept 69
23C. PHYSICIAN'S NAME (Type): GLORIA BOONSWANG M.D. DEGREE
23D. ADDRESS: ST AGNES HOSP. BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Witzke, Inc.
ADDRESS: 1630 Edmondson Ave., Catonsville 21228

VS 150-REV. 1/1968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-420 69 9509

REG. NO. 69 9509

1. NAME OF DECEASED (Type or Print): BLACK JOSEPHINE

2. DATE AND HOUR OF DEATH: 1-50 P.M. 9.24.69. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): FRANKLIN SQUARE HOSPITAL 36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 1802
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 27 N. CAREY Street

5. SEX: Female
6. RACE: colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12/4/03
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Philip HIERS
14. MOTHER'S MAIDEN NAME: MAMIE WESLEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219106710
17. INFORMANT: Lewis Bluebottom
ADDRESS: 1625 E. 30th St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 331.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic Coma
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cirrhosis of Liver, C.V.A.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertension

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: Nil
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from 8.25. 1969 to 9.24. 1969, that (I) (we) last saw the deceased alive on 1-50 P.M. 9.24. 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9.29.69
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Balto. National
24D. LOCATION (City, town or county) (State): A.A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Joseph D. Rocks
ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-340 69 9510

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9510

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Little, Annie Elizzbeth

2. DATE AND HOUR OF DEATH: Sept 22, 1969 | 1:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto 1701
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 746 Pennsylvania Ave

5. SEX: F
6. RACE: Negro
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/5/21
9. AGE (In years last birthday): 48
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
10B. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? 69 USA
13. FATHER'S NAME: Forman Beckwith
14. MOTHER'S MAIDEN NAME: Jennie Page
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Asystole ~~Cardiovascular Colapse~~
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardiovascular Colapse
DUE TO, OR AS A CONSEQUENCE OF:
(C) Uremia + prob. GI Bleeding

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hepato renal syndrome

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/15 1969 to 9/22 1969 that (I) (we) last saw the deceased alive on 9/22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E Sears Jr. MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/22 '69
23C. PHYSICIAN'S NAME (Type): E Sears Jr. MD DEGREE
23D. ADDRESS: 22 S Greene St Balto

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/28/69
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Tatem, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

C-636 69 9511

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9511

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CARTER HELENE A

2. DATE AND HOUR OF DEATH: 20 SEPTEMBER 69 | 2 35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY HOSPITAL OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1601
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1232 LAFAYETTE AVENUE #17

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH
9. AGE (In years last birthday): 48
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC WORKER
10B. KIND OF BUSINESS OR INDUSTRY: PRIVATE HOMES
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Roland Gloss
14. MOTHER'S MAIDEN NAME: Malinda

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-16-8553
17. INFORMANT: Mrs Evelyn Chavis
ADDRESS: 710 Glenwood Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ca of Cervix c̄ Metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11/69 19 69 to 9/20 19 69 that (I) (we) last saw the deceased alive on 9/20 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. M. Alvarez DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/20/69
23C. PHYSICIAN'S NAME (Type): ALTHA ALVAREZ DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

J-250 69 9512

BIRTH NO. 69-14962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9512 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Jackson

2. DATE AND HOUR OF DEATH: August 17, 1969 | 8:05P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1307

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4126 Mountwood Rd #29

5. SEX: Male 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/17/69 9. AGE (In years last birthday) | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min. 7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Gloria Jackson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

1B. 038.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) Sepsis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17/69 19 to 8/17/69 19, that (I) (we) last saw the deceased alive on 8/17/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd Gladstone, MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 8/17/69

23C. PHYSICIAN'S NAME (Type): Todd Gladstone, MD DEGREE 23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 9-26-69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State): JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

mothers address 2311 Callow ave 13-01
this is grandmothers address

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-530 69 9513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9513

BIRTH NO. 69-10137

1. NAME OF DECEASED (Type or Print): BENNETT GIRL SUSAN

2. DATE AND HOUR OF DEATH: 7·10 P·M 6·11·69. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSP. OF BALTIMORE BELVEDERE AVE. AT GREENSPRING BALTO. MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2788
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4830 Wilem Ave WILERN

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday):
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 6 Min.: 41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO., MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: SUSAN BENNETT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PREMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6·11 1969 to 6·11 1969, that (I) (we) last saw the deceased alive on 6·11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pratibha Joshi DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): PRATIBHA JOSHI DEGREE
23D. ADDRESS: SINAI HOSP. OF BALT. MD, BELVEDERE AVE. AT GREENSPRING BALTO. MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY:
(Section) (Lot) (Grave) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: ADDRESS:

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

J-523 69 9514

BIRTH NO. 69-10495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9514

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Girl Johnston

2. DATE AND HOUR OF DEATH: June 22, 1969 | 7:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland | B. COUNTY: 1338

C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2001 Girard Ave. GIRARD

5. SEX: F | 6. RACE: W | 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/13/69 | 9. AGE (In years last birthday) | If Under 1 Yr. Months | Days: 9 | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Johnston | 14. MOTHER'S MAIDEN NAME: ERIKA DAMM

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS

MEDICAL CERTIFICATION

18. 776.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hyaline Membrane Dis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Aspiration Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) Yes | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 13 19 69 to June 22 19 69, that (I) (we) last saw the deceased alive on June 20, 19 69 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd Gladstone, MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ | 23B. DATE SIGNED: 6/22/69

23C. PHYSICIAN'S NAME (Type): Todd Gladstone, Md. DEGREE | 23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify) | 24B. DATE: 9-26-69 | 24C. NAME of CEMETERY or CREMATORY | 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT. SEP 26 1969 | 25B. NAME OF REGISTRAR Robert E. Yankey, M.D. | 25C. FUNERAL DIRECTOR | ADDRESS

VS 150-REV. 1/1/68

J-250 69 9515

BIRTH NO. 69-148605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9515 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Baby Girl Jackson

2. DATE AND HOUR OF DEATH: 8/17/69 9:25P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1301

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4126 Mountwood Rd #29

5. SEX: Female 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/17/69 9. AGE (In years last birthday) If Under 1 Yr. Months Days If Under 24 Hrs. Hours 1 Min. 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Gloria Jackson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

1B. 7469 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congenital Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17/69 19 to 8/17/69 19, that (I) (we) last saw the deceased alive on 8/17/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd Gladstone, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 8/17/69

23C. PHYSICIAN'S NAME (Type): Todd Gladstone, M.D. DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-26-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, county) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Fabry, M.D.

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

mothers address 2311 Collow ave - 1301
this is grandmothers address.

S-330 69 9516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9516

BIRTH NO. 69-12948

1. NAME OF DECEASED (Type or Print): Baby Girl Stout

2. DATE AND HOUR OF DEATH: July 21, 1969 | 3:47 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Balt.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2652
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5055 Truesdale Ave. 21206

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7/21/69
9. AGE (In years last birthday)
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: — | Min.: 56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jackie Stout
14. MOTHER'S MAIDEN NAME: Donna High

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 769.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) Polyhydramnios

DUE TO, OR AS A CONSEQUENCE OF:

(C) Sclerema Neonatorum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 21, 1969 to July 21, 1969, that (I) (we) last saw the deceased alive on July 21, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Todd Gladstone, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 7/21/69
23C. PHYSICIAN'S NAME (Type): Todd Gladstone, M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-642 69 9517

BIRTH NO. 69-12940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9517

1. NAME OF DECEASED (Type or Print): BABY BOY GERLACH "A"

2. DATE AND HOUR OF DEATH: 7-9-69 11:12 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTO MD. B. COUNTY: 12642
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4612 SHAMRO CK AVE #6

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-9-69
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES J. GERLACH JR.
14. MOTHER'S MAIDEN NAME: LILLIAN CARTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MOTHER ADDRESS:

MEDICAL CERTIFICATION

1B. 7.69.2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hydramnios
DUE TO, OR AS A CONSEQUENCE OF:
(B) PREMATURE LABOR — 1V min.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7/9/69 19 to 7/9 19 69 that (I) ~~(we)~~ last saw the deceased alive on 7/9/69 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Ehrlich MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/23/69
23C. PHYSICIAN'S NAME (Type): D. Ehrlich, M.D. DEGREE
23D. ADDRESS: 3[illegible] Eu[illegible] Ave #13 Balto MD

ANATOMY BOARD OF MARYLAND

24A. BURIAL, CREMATION, REMOVAL (Specify): HOSP.
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. 3-350 69-11140 69 9518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9518 4

1. NAME OF DECEASED (Type or Print): STEIN, BABY BOY

2. DATE AND HOUR OF DEATH: 6/21/69 10:30 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~SINAI HOSPITAL~~ 53-00 9
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ✓ NO ☐
E. STREET AND NUMBER: 2-302 ~~BELVEDERE AVE. AT GREENSPRING~~ BARRINGTON AVE

5. SEX: M 6. RACE: C 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/21/69 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 23 Min.: 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): SINAI HOSPITAL
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HERSH STEIN
14. MOTHER'S MAIDEN NAME: ELLEN HART

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 777X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PREMATURITY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 23 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) PREMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 21 11:10 AM 19 69 to June 21 10:30 PM 19 69, that (I) (we) last saw the deceased alive on June 21 10:30 PM 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Miriam R Spinner MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓
23B. DATE SIGNED: 6/21/69

23C. PHYSICIAN'S NAME (Type): MIRIAM R. SPINNER MD DEGREE
23D. ADDRESS: SINAI HOSPITAL BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY: ANATOMY BOARD OF MARYLAND
24D. LOCATION (City, town, or county) (State): JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Fabian M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

K-652 69 9519

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9519

BIRTH NO.

33/99

1. NAME OF DECEASED (Type or Print): JOHN KARNEGAY (Kornegay)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 23, 1969 5:47 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
FULL NAME OF HOSPITAL OR INSTITUTION: HOPKINS HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-10

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Sept 7 1917
10. AGE (In years last birthday): 52
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 806 McCabe Avenue

11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ben Kornegay

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Martha Louise Wilson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War # 2
17. SOCIAL SECURITY NO.
18. INFORMANT: Louise Kornegay ADDRESS: PO Box 266 Simpson N.C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965.X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Shotgun wound of head

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Simpson N.C.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2006 E. Chase Street 8-04

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Sept. 23, 1969 5:30 P.M.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/24/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 29/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cem.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Joseph D. Eskridge ADDRESS: 1129 N. Carolina St

N85-9000

VS 151-REV. 1/1/68

H-4521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9520

REG. NO. 69 9520

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSA L HOLMES

2. DATE AND HOUR OF DEATH: 9/21/69 7:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1415 Division Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 15-38

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3100 North Hilton Street

5. SEX: Female

6. RACE: Negro

7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-8-1887

9. AGE (In years last birthday): 81

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Retired Teacher

11. BIRTHPLACE (State or foreign country): Holly Springs, Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus M. T. Rotter

14. MOTHER'S MAIDEN NAME: Emma Pegues

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 428-62-9300A

17. INFORMANT: Dr. Jesse T. Holmes — ADDRESS: 3100 North Hilton St. 21216

MEDICAL CERTIFICATION

18. 433.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Remote Cerebral Thrombosis — 2 wks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral Arteriosclerosis — 4 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Endometritis + Anemia — Unknown

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1962 to Sept 21 1969, that (I) (we) last saw the deceased alive on Sept 20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Roland T. Smoot, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/22/69

23C. PHYSICIAN'S NAME (Type): ROLAND T. SMOOT, M.D. DEGREE

23D. ADDRESS: 2300 Dawson Blvd Balto 21216

24A. BURIAL CREMATION REMOVAL (Specify): Burial

24B. DATE: 9-24-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Balto. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. — ADDRESS: 1735 Harford Ave. 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-400 1

RELEASED AS NON-MED BY M.E. 9/21/69 BY DR. SPRINGATE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 66-24324 69 9521 REG. NO. 69 9521

1. NAME OF DECEASED (Type or Print): BELL, James

2. DATE AND HOUR OF DEATH: 9/21/69 8:17 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryalnd
B. COUNTY: 7-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1720 E. Madison Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/8/66
9. AGE (In years last birthday): 2½
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dillard M. Bell
14. MOTHER'S MAIDEN NAME: Diane Gales

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DIANNE Bell ADDRESS: 1720 MADISON ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: * UNDETERMINED ETIOLOGY TOXIC ENCEPHALOPATHY — —

DUE TO, OR AS A CONSEQUENCE OF:

(B) POSSIBLY RELATED PREV. HEPATITIS — 5 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(C) OR TOXIN INGESTION

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DEHYDRATION & DIARRHEA — 9 DAYS

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] — Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/17/69 to 9/21/69 that (I) (~~we~~) last saw the deceased alive on 8:17 PM 9/21/69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Kenton R. Holden M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/21/69
23C. PHYSICIAN'S NAME (Type): KENTON R. HOLDEN M.D. DEGREE
23D. ADDRESS: JHH — 601 N. BROADWAY BALTO, MD. 21205

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: BALTO. NATIONAL CEM.
24D. LOCATION (City, town, or county) (State): BALTO. City, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
26B. NAME OF REGISTRAR: Mabel E. Vaubey M.D.
25C. FUNERAL DIRECTOR: Marshall Jones, JR ADDRESS: 1735 Harford Ave

VS 150-REV. 1/1/68

B-6501

BALTIMORE CITY HEALTH DEPARTMENT

69 9522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 9522

BIRTH NO.

CERTIFICATE AMENDED

33

1. NAME OF DECEASED (Type or Print): FLOYD BOROM (BORRUM)

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 21 Year 1969 Hour 1:00 A.M.

3. DATE PRONOUNCED DEAD: Month September Day 21 Year 1969 Hour 1:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 10-6-69

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 9-09

6. SEX: Male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [XX] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 2-15-29

10. AGE (In years last birthday): 40

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 1407 Aisquith Street

11. BIRTHPLACE (State or foreign country): Tuskegee, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilbert Borom

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Const. Worker

15. MOTHER'S MAIDEN NAME: Willie Bryan

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes

17. SOCIAL SECURITY NO.: 234-85-2290

18. INFORMANT: Robert Borom ADDRESS: 3507 Rosedale Rd. 21216

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 887 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-cranial injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 9-19 & 20/69

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Head injuries

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1407 Aisquith Street 9-09

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 18 (Year) 69 (Hour) 4:00 P.M.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Apparently fell on street

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [XX] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: September 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-25-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 151-REV. 1/1/68

N 8540

0 5 0 8

Letter from M.E.'s office 10-6-69 M.H.

1

I-615 69 9523

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9523

BIRTH NO.

33/99

1. NAME OF DECEASED (Type or Print): (Thomasine) THomasina IRVING

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: September; Day: 24; Year: 1969; Hour: M.

3. DATE PRONOUNCED DEAD — Month: September; Day: 24; Year: 1969; Hour: 4:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-33
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1301 N. Rose Street

6. SEX: Female
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 8-19-41
10. AGE (In years last birthday): 28
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Littleton, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Boyd
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Home
15. MOTHER'S MAIDEN NAME: Nannie Yancy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Nannie Boyd ADDRESS: 3105 E. Preston St.

MEDICAL CERTIFICATION

19. 412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hypertensive cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-624 69 9524

REG. NO. 69 9524

1. NAME OF DECEASED (Type or Print): William Vernon Cargill

2. DATE AND HOUR OF DEATH: 9/23/69 9:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 20-01

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 233 N. Monroe Street

5. SEX: M 6. RACE: C 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/21/97 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cargill

14. MOTHER'S MAIDEN NAME: Rose -

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-09-5892

17. INFORMANT: Mrs Hattie Cargill ADDRESS: 233 N. Monroe St.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Renal Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart Failure — several yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11 1969 to 9/23 1969 that (I) (we) last saw the deceased alive on 9/23 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carolee Koski MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/23/69

23C. PHYSICIAN'S NAME (Type): CAROL LEE KOSKI MD DEGREE

23D. ADDRESS: Univ. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/26/69

24C. NAME of CEMETERY or CREMATORY: Balto Nat'l Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert F. [illegible]

25C. FUNERAL DIRECTOR: Martin & Dyett F. H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-200 69 9525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9525

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES ARCHIE LEWIS

2. DATE AND HOUR OF DEATH: Sept. 24, 1969 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1622 Delano Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: X 15-01

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1622 Delano Court

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-7-1887

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dunnville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lewis

14. MOTHER'S MAIDEN NAME: N/A

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Lillian Lewis

ADDRESS: 1622 Delano CT.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 486 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 3 1969 to Sept 24 1969, that (I) ~~(we)~~ last saw the deceased alive on Sept 24 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William D Watts MD (DEGREE)

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-25-69

23C. PHYSICIAN'S NAME (Type): W. Morton D Watts (DEGREE)

23D. ADDRESS: 4511 Washington Ave Baltimore Md 21227

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-27-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Fabian

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.

ADDRESS: 1701 Laurens St.

VS 150-REV. 4/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

T-460 69 9526

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9526

BIRTH NO.

44

1. NAME OF DECEASED (Type or Print): James N. Tyler

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month 9 Day 23 Year 69 Hour 7:31 a. M.

3. DATE PRONOUNCED DEAD — Month 9 Day 23 Year 69 Hour 7:31 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3906 Penhurst Ave ~~2559 Garrett Ave.~~

6. SEX: male
7. RACE: colored
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 6-30-12
10. AGE (In years last birthday): 57 ~~XX~~ If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Tyler

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mable Tyler

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W.W. 2
17. SOCIAL SECURITY NO.: 215-45-9473
18. INFORMANT: Mrs. Bettie Tyler ADDRESS: 3906 Penhurst Ave.

MEDICAL CERTIFICATION

19. 412.4 & 250.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes Mellitus

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/23/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY: National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver

VS 151-REV. 1/1/68

R-262 69 9527

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9527

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROGERS, Jack DALTON

2. DATE AND HOUR OF DEATH: 9/21/69 11:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundle 52-00
C. CITY OR TOWN: Shadyside
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Shadyside, Md. 20867

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/19/57
9. AGE (In years last birthday): 12 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Howard Harrison Rogers
14. MOTHER'S MAIDEN NAME: Jannie Bowen
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Howard H. Roger
ADDRESS: Shadyside, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9-15-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: T/F
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-13 1969 to 9-21 1969 that (I) (we) last saw the deceased alive on 9-21 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Henry Fee DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-21-69
23C. PHYSICIAN'S NAME (Type): Henry Fee DEGREE
23D. ADDRESS: Reed Hall

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 25/69
24C. NAME of CEMETERY or CREMATORY: Quaker Cemetery
24D. LOCATION (City, town, or county) (State): Ridgesville AA Md.
25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Bernard Hardesty
ADDRESS: Ridgesville Md.

VS 150-REV. 1/1/68

B-453 69 9528

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9528

1. NAME OF DECEASED (Type or Print): HARRY GEORGE BOLANDER

2. DATE AND HOUR OF DEATH: 9/24/69 | 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 9-01

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 715 ARGONNE DRIVE

5. SEX: MALE

6. RACE: CAUCASIAN

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/23/90

9. AGE (In years last birthday): 79 yrs.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT CUTTER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WILLIAM BOLANDER

14. MOTHER'S MAIDEN NAME: SALLY GESSWIEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 215-10-6958A

17. INFORMANT: Pauline N. Bolander (wife) Same

ADDRESS:

MEDICAL CERTIFICATION

18. 342X!

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: BRONCHOPNEUMONIA, BILATERAL 2° to E. coli and Enterobacter — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) CHRONIC BRAIN SYNDROME, ORG. — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) PARKINSONISM, CHRONIC — 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: GENERALIZED ARTERIOSCLEROSIS — 10 yrs

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 17 1969 to September 24 1969 that (I) (we) last saw the deceased alive on September 24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Linda High Davies, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/24/69

23C. PHYSICIAN'S NAME (Type): LINDA HIGH DAVIES, M.D. DEGREE

23D. ADDRESS: 33rd & CALVERT, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/26/69

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Augustus K. Seitz

ADDRESS: 5209 York Road Seitz Funeral Home Balto. Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

N-600 69 9529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9529

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Neary, Loretta XX, I.

2. DATE AND HOUR OF DEATH: 9-23-69 5:30 p. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Anne Arundel 52-00

C. CITY OR TOWN: Glen Burnie 21061 D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Route 2, Box 290

5. SEX: F 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-16-XX08 9. AGE (In years last birthday): 60 y If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Brehm

14. MOTHER'S MAIDEN NAME: Mary Hennick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 085-07-4051

17. INFORMANT: Frank Neary, Jr. ADDRESS: Route 2, Box 290 Glen Burnie, MD 21061

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Terminal adenocarcinoma of sigmoid with extensive mets & spread — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 mo ±

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cachexia — 6 mo ±

DUE TO, OR AS A CONSEQUENCE OF:

(C) arteriosclerotic CVD class IV — 7 days ±

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: generalized arteriosclerosis — 10 yr +

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1955 19__ to Sept 23rd 19 69 that (I) (we) last saw the deceased alive on Sept 22 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Rangle MD (R.V. Rangle MD) DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-23-69

23C. PHYSICIAN'S NAME (Type): R.V. Rangle MD. DEGREE

23D. ADDRESS: 2938 St Paul St Balt 18 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/26/69

24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: The Walters Funeral Home ADDRESS: Pratt & Stricker Sts.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-422

BIRTH NO. 69 9530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9530

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MR. JOHN W. FOWLKES.

2. DATE AND HOUR OF DEATH: 9/24/69, 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL, BALTIMORE, MARYLAND 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 9-05
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2618 KIRK AVE.

5. SEX: M
6. RACE: N. N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct 29, 1924
9. AGE (In years last birthday): 44
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RELIEF OPER. ALLIED
10B. KIND OF BUSINESS OR INDUSTRY: CHEM.
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? AMERICA.
13. FATHER'S NAME: GRIM FOWLKES.
14. MOTHER'S MAIDEN NAME: WINNIE FOWLKES.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 213-28-1229
17. INFORMANT: MRS. RUTH FOWLKES
ADDRESS: 2618 KIRK AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) MYOCARDIAL INFARCTION (ACUTE)
DUE TO, OR AS A CONSEQUENCE OF:
(C) COMPLICATED BY ATRIO-VENTRICULAR BLOCK AND VENTRICULAR FIBRILLATION (CARDIAC ARRYTHMIA).

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20 19 69 to 9/24 19 69 that (I) (we) last saw the deceased alive on 9/24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. E. Chowvalit, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): A. E. CHOWVALIT, M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL, BALTIMORE, MARYLAND 21231.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Balto National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: W.M.C. MARCH
ADDRESS: 928 E. NORTH AVE

VS 150-REV. 1/1/68

Y-616 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9531 REG. NO. 69 9531

1. NAME OF DECEASED (Type or Print): YARBOROUGH Mr. Earl

2. DATE AND HOUR OF DEATH: 9/18/69 5:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35 BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 9-09
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~BROADWAY~~ 1647 N. Spring St

5. SEX: M
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-22-1912
9. AGE (In years last birthday): 57
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Nil
11. BIRTHPLACE (State or foreign country): Zebulon North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Yarborough
14. MOTHER'S MAIDEN NAME: MABLE.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Eardine Hartsfield ADDRESS: 1807 E. Biddle St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral Stroke. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: About 12 hrs
DUE TO, OR AS A CONSEQUENCE OF: Cardiac Failure.
(B) [illegible] — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Over 9 days
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: 20% 3rd degree burn [illegible]

19A. DATE OF OPERATION: 9-14-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TRACHEOSTOMY FOR RESPIRATORY DISTRESS
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9-09

21A. ACCIDENT WAS [ ] UNDERLYING OR CONTRIBUTING [X] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Burns over chest, neck and hands.
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-9-69
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Smoking Fire from cigarette

22. I certify that (I) (this hospital) attended the deceased from Sept 9th 1969 to Sept 18th 1969 that (I) (we) last saw the deceased alive on Sept. 18th 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Sept 19th 1969
23C. PHYSICIAN'S NAME (Type): AHMAD FAROUK AZAM MD DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL BALTO. MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: Zebulon Ch Cem
24D. LOCATION (City, town, or county) (State): Zebulon N. Carolina
25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Joseph R. Russ ADDRESS: 2222 W. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Residence of deceased
1647 N. Spring St.

Record room of Church Home Hospital 9-30-69

S-530 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9532

BIRTH NO. 69 9532

1. NAME OF DECEASED (Type or Print): Grace Smith

2. DATE AND HOUR OF DEATH: 9-22-69 @ 40 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Baltimore, Maryland 15-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ✓ NO ☐
E. STREET AND NUMBER: 3410 Baker Street

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH: 10-15-01
9. AGE (In years last birthday): 69
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 213-20-1358
17. INFORMANT: Mrs Grace Bonner
ADDRESS: 2634 W. Lafayette Ave

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute coronary — acute
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-22 1969 to 9-22 1969, that (I) (we) last saw the deceased alive on 9-22 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] MD-7 DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓
23B. DATE SIGNED: 9 22 69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvery Cem
24D. LOCATION (City, town, or county) (State): Brooklyn MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Lindsay M.D.
25C. FUNERAL DIRECTOR: Joseph L. Russo Funeral Home
ADDRESS: 2122 W 2222 Wyth Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-140 69 9533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9533

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOSEPH P. RIPLEY

2. DATE AND HOUR OF DEATH: SEPT. 25, 1969 | 7:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6811 BELLONA AVENUE

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 06-11-83
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED EXECUTIVE
10B. KIND OF BUSINESS OR INDUSTRY: FISKE RUBBER CO.
11. BIRTHPLACE (State or foreign country): MASS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK RIPLEY
14. MOTHER'S MAIDEN NAME: CATHERINE HANIGAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-14-2743A
17. INFORMANT: HOSPITAL RECORD
ADDRESS: UMH

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: GASTRO-INTESTINAL
DUE TO, OR AS A CONSEQUENCE OF:
(B) HEMORRHAGE OF UNDETERMINED
DUE TO, OR AS A CONSEQUENCE OF:
(C) PEPTIC ULCER ORIGIN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

J.S.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 24 1969 to Sept. 25 1969, that (I) (we) last saw the deceased alive on Sept. 25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W H Woody MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-25-69
23C. PHYSICIAN'S NAME (Type): Dr. W. H. Woody DEGREE
23D. ADDRESS: 1403 Park Ave Balti 17 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/69
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Memorial Grds.,
24D. LOCATION (City, town, or county) (State): Timonium, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-325 69 9534

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9534

BIRTH NO.

38/99

1. NAME OF DECEASED (Type or Print): FRANK WATKINS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 16, 1969 6:55 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 22-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 517 Sharp Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 2-10-12
10. AGE (In years last birthday): 56 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes
17. SOCIAL SECURITY NO.: 579-09-063
18. INFORMANT: Harry Mintz ADDRESS: 117 W. Barre Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965X

Shotgun wound of chest

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Intersection
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Intersection Sharp and Welcome Alley 22-01
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-16-69 6:45 P.M.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shotgun wound of chest

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/17/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-26-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore City

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Isaiah L. Brown & Son ADDRESS: 108 W. Montgomery Street

VS 151-REV. 1/1/68

N 895.7

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-516 69 9535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9535

1. NAME OF DECEASED (Type or Print): DOMBROWSKI Ignatius

2. DATE AND HOUR OF DEATH: 9-27-69 3:55 pm. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 49 North Charles Gen. Hosp. Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2240 BANK ST.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-27-89
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: American Can Corp.
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Dombrowski
14. MOTHER'S MAIDEN NAME: Frances STASZAK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-10-6966
17. INFORMANT: Daughter - Frances Cooper — same
ADDRESS:

CAUSE OF DEATH

1B. 410.9

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 9-5-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Benign Prostatic Hypertrophy
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-25 1969 to 9-27 1969, that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Juan Gan MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): Juan GAN' MD DEGREE
23D. ADDRESS: North Charles Gen. Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county) (State): DUNDALK MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: JOHN M. WEBER & SONS INC.
ADDRESS: 401 S. CHESTER

VS 150-REV. 1/1/68

D-450

BIRTH NO. 69 9536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9536

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John S. Dulin (JOHN S. DULIN)

2. DATE AND HOUR OF DEATH: 9-24-69. 10 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 4-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ARMISTEAD HOTEL HOLLIDAY & FAYETTE BALTO. 21202, MD. STS

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: DEC. 8, 1908
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (State or foreign country): YOUNGSTOWN, OHIO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: STEPHEN J. DULIN
14. MOTHER'S MAIDEN NAME: ANNE MIZIKAR
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 203-09-3013
17. INFORMANT: STEPHEN DULIN
ADDRESS: 704 DORSEY RUN RD, BOXIA, JESSUPS, MD.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 011.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	probable gram neg sepsis	3 days
DUE TO, OR AS A CONSEQUENCE OF:	lung abscess - aspergillosis + TB suspected as cause	
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Klebsiella pneumonia	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Nutritional Cirrhosis — probably years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/23 1969 to 9/24 1969 that (I) (we) last saw the deceased alive on 9/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles Hammerstein M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-29-69.
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL CEM.
24D. LOCATION (City, town, or county) (State): 5501 FREDERICK AVE, BALTO, MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Charles L. Geiler
ADDRESS: 901 S. CONKLING ST. BALTO., 21224, MD.

VS 150-REV. 1/1/68

55-19-57 DD 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-654 69 9537 REG. NO. 69 9537

1. NAME OF DECEASED (Type or Print): Diana Lynn Tranello / Diana Tranello

2. DATE AND HOUR OF DEATH: 9/27/69 5:45 am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: Baltimore City Hospital
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 4940 Eastern Ave. Balto. Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore Baltimore, Md 21222 53-00
C. CITY OR TOWN Dundalk Balto Co.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 7943 St. Claire Lane

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/12/57
9. AGE (In years last birthday): 12
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor C. Tranello
14. MOTHER'S MAIDEN NAME: Jeanette Olson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: BCH RECORDS-4940 EASTERN AVE. BALTO.MD.21224 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: asphyxia 2° to acute epiglottitis
DUE TO, OR AS A CONSEQUENCE OF:
(B) cardiopulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/27 Tracheostomy
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: asphyxia
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/27 19 69 to 9/27 19 69, that (I) (we) last saw the deceased alive on 9/27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Krush MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): Carol Krush DEGREE
23D. ADDRESS: 4940 EASTERN AVE. BALTO. MD. 21224 Baltimore City Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: John J. Duda, 7922 Wise Ave. Dundalk, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

54-53-74 1

M-250 69 9538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9538

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary O. McCain — MARY O. McCAIN

2. DATE AND HOUR OF DEATH: Sept. 24, 1969 | 11 35 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co. 53-00
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 223 East Baltimore Avenue 21222

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-31-04
9. AGE (In years last birthday): 64
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. McCain
14. MOTHER'S MAIDEN NAME: Effie Handley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 303-22-6942
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 450X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Prob. Pulmonary Embolii — 7 days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/1 1969 to 9/24 1969, that (I) (we) last saw the deceased alive on 9/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dale N. Schumacher M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): DALE N. SCHUMACHER M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 21224, 4940 Eastern Avenue Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-200 69 9539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9539

1. NAME OF DECEASED (Type or Print): John Haas

2. DATE AND HOUR OF DEATH: 9/22/69. 7:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Md. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21202 11-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1315 N. Calvert St.

5. SEX: male
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7/4/98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: Koester's Bakery
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 21[illegible]-10-6724
17. INFORMANT: Mrs. Thelma M. Evans, dght. ADDRESS: 1032 Iris Ave. 21205

MEDICAL CERTIFICATION

18. E8801X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Proteus Bacteremia.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Sacral Decubitus.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Linear fracture Right temporal bone — 2 months.
Compression fracture T12 vb — 2 months.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes -
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1315 N. Calvert 11-01
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 7/13/69. 3:30
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? fall down 8 steps.

22. I certify that (I) (this hospital) attended the deceased from 7/13 19 69 to 9/22 19 69 that (I) (we) last saw the deceased alive on 9/22 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stuart Winaker M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/22/69
23C. PHYSICIAN'S NAME (Type): Stuart Winaker. M.D. DEGREE
23D. ADDRESS: Md. General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

S-162 1

C-560 69 9540

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9540

BIRTH NO.

1. NAME OF DECEASED (Type or Print): O. SPRESSER THELMA CIAMARRA or

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 25, 1969 Hour 10:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 611 N. Bouldin Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 611 N. Bouldin Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 3/31/13
10. AGE (In years last birthday): 56
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Benjamin Willard
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
14B. KIND OF BUSINESS OR INDUSTRY: Md. Clothing Co.
15. MOTHER'S MAIDEN NAME: Olive T. Ellrich
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 217-14-0443
18. INFORMANT: Richard Ciamarra, husband, above ADDRESS

MEDICAL CERTIFICATION

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Charles S. Springate M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
Charles S. Springate, M.D.
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 151-REV. 1/1/68

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G-120 69 9541

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RUSSELL GIBBS

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: September 25, 1969 — Hour: M.

3. DATE PRONOUNCED DEAD — Month Day Year: September 25, 1969 — Hour: 9:25 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital (DOA)

40/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-03

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 2-5-1908
10. AGE (In years last birthday): 61
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:
E. STREET AND NUMBER: 2014 Eagle Street 21223

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George Gibbs

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
14B. KIND OF BUSINESS OR INDUSTRY: B & O RR
15. MOTHER'S MAIDEN NAME: Florance Reed

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 217-16-6252
18. INFORMANT: Delma L. Gibbs
ADDRESS: 2014 Eagle Street, Balto 21223

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E918X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple severe injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): railroad tracks
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 390' N. of 2500 Washington Blvd. 25-53

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-25-69 8:55 A.m.
22E. INJURY OCCURRED — WHILE AT WORK [X] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR? Crushed between railroad cars

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey Howard Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert S. Jordan, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

N 69-10

732 2359

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-460 69 9542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9542

1. NAME OF DECEASED (Type or Print): FRANK A. MILLER

2. DATE AND HOUR OF DEATH: SEPT. 25, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 6-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 33 N. STREEPER ST.

5. SEX: M. 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct 11, 1890 9. AGE (In years last birthday): 78 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUTTER
10B. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael
14. MOTHER'S MAIDEN NAME: MARY.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-4533
17. INFORMANT: Josephine Miller ADDRESS: 33 N. Streeper St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive C V Disease — 1967
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1960 19 to 1969 19, that (I) (we) last saw the deceased alive on Sept 2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles C. MacMinn M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: September 26, 1969
23C. PHYSICIAN'S NAME (Type): Charles C. MacMinn, M. D. DEGREE
23D. ADDRESS: 2900 E. Baltimore Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Bel Air Mem. Gardens
24D. LOCATION (City, town, or county) (State): Belair Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: B. Dzabrowski ADDRESS: 2818 E. Balto. St.

VS 150-REV. 1/1/68

B-422 69 9543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9543

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Marie Blackiston

2. DATE AND HOUR OF DEATH: 9/26/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Baltimore Co 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4420 Alan Drive, 21227

5. SEX: female 6. RACE: white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/21/25 9. AGE (In years last birthday): 43 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin A. Woodland

14. MOTHER'S MAIDEN NAME: Late Bertha Stewart

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-18-2575

17. INFORMANT: Mr. Carl S. Allen, Jr. ADDRESS: 4420 Alan Dr. 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 Hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Phenothiazine Induced Illness — 15 yrs.

DUE TO, OR AS A CONSEQUENCE OF: Disease

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

410.9

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1961 19 to 9/23 19 69, that (I) (we) last saw the deceased alive on 9/23 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pt. DOA. 1st eval 8:30 am 9/26/69. DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Dr. Emanuel Ellison, DEGREE: Med. Exam. Office

23D. ADDRESS: 107 E. West St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/29/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 4101 Edmondson Ave., 21229

VS 150-REV. 1/1/68

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D-520 69 9544

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9544

BIRTH NO.

1. NAME OF DECEASED (Type or Print): m MYRTLE P. DENNIS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour September 26, 1969 9:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 207 N. Monroe Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO ☐
E. STREET AND NUMBER: 207 N. Monroe Street

6. SEX: Female
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1-13-06
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Blake

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Jennie Kirkson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 220-12-7862
18. INFORMANT: Wm. Dennis ADDRESS: 207 N. Monroe St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk
24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Joseph J. Rocks Jr.
ADDRESS: 1304 N. Central Ave

VS 151-REV. 1/1/68

D-424

BIRTH NO. 69 9545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9545

1. NAME OF DECEASED (Type or Print): BEN DELEGAL

2. DATE AND HOUR OF DEATH: 9/27/69 1245 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS HOSP BALTIMORE 2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: GA.

B. COUNTY: V-09

C. CITY OR TOWN: SAVANNAH

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 793 E. GWINNETT ST

5. SEX: M

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: JAN 2, 1890

9. AGE (In years last birthday): 79

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMAN

10B. KIND OF BUSINESS OR INDUSTRY: MARITIME

11. BIRTHPLACE (State or foreign country): GA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: HOSP CHART

ADDRESS:

MEDICAL CERTIFICATION

18. 4369 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic vascular disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9/25 1969 to 9/27 1969 that ~~I~~ (we) last saw the deceased alive on 9/27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman MD. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/28/69

23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN MD. DEGREE

23D. ADDRESS: USPHS HOSP BALTIMORE

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 9/29/69

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State): Savanna. Ga.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Joseph G. Locke

ADDRESS: 1304 N. Central Av

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-162 69 9546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9546

1. NAME OF DECEASED (Type or Print): Evelyn Jefferson

2. DATE AND HOUR OF DEATH: 9-26-69 1:30 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Division Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1917 Pennsylvania Avenue

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH:
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Sarah
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Lucy Hill (Friend) ADDRESS: 1917 Penn. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

431.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 13, 1969 to September 26, 1969 that (I) (we) last saw the deceased alive on September 26, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-26-69
23C. PHYSICIAN'S NAME (Type): [signature] DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Av

VS 150-REV. 1/1/68

R-316 69 9547

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9547

1. NAME OF DECEASED (Type or Print): REDIFER, IGNATIUS ALVIN

2. DATE AND HOUR OF DEATH: SEPTEMBER 25, 1969 11:00P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 109 MONTROSE AVE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 07 31 12

9. AGE (In years last birthday): 57

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: CHARLES REDIFER

14. MOTHER'S MAIDEN NAME: MARGARET BOYLE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ST AGNES HOSP. RECORDS

ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 593.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: over 1 wk.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Tubular necrosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Dehydration - shock.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Upper GI Obstruction.

19A. DATE OF OPERATION: 0 1962.

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GASTRECTOMY for peptic ulcer.

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 25 1969 to SEPT 25 1969 that (I) (we) last saw the deceased alive on SEPT 25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alejandro Mejia M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9 26 69

23C. PHYSICIAN'S NAME (Type): ALEJANDRO MEJIA MD. DEGREE

23D. ADDRESS: St Agnes Hospital - EATON + WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/29/69

24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Yaden, M.D.

25C. FUNERAL DIRECTOR: Witzke, Inc.

ADDRESS: 1630 Edmondson Ave., 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-620 69 9548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9548

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Myers, Robert

2. DATE AND HOUR OF DEATH: 9/25/69 1:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View Nursing Home 1213 Light St - Baltimore, Md - Zip - 30

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md -
B. COUNTY: 3930 Penhurst Ave - Code 21215
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3930 Penhurst Ave - 15-10

5. SEX: m
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/1/1877
9. AGE (In years last birthday): 92 yrs
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-10-1096
17. INFORMANT: Mrs. Evelyn Twelbeck, Falls Church, Va.
ADDRESS: 6129 Leesburg Pike

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.4	(A) IMMEDIATE CAUSE: Cardiac Arrest	Sudden
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) A.S.C.V. Disease	?
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Secondary Anemia	?
	Emphysema	?
	II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Chrn. Brain Syndrome	?

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-14-1969 to 9-25-1969, that (I) (we) last saw the deceased alive on 9-25-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph S. Blum MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): JOSEPH S. BLUM MD DEGREE
23D. ADDRESS: 1115 N. CALVERT ST

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: Howard Cty F. H. of Harry H. Witzke
ADDRESS: Ellicott City, Md. 21043

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-140 69 9549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9549

1. NAME OF DECEASED (Type or Print): Kenneth A. Heavel Sr.

2. DATE AND HOUR OF DEATH: Sept. 26, 1969 | 6:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 712 W. 34th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 13-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 712 W. 34th St.

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 3/17/1919

9. AGE (In years last birthday): 50

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Heavel

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Kenneth A. Heavel Jr. ADDRESS: 4348 Newport Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Generalized Carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mths

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma Lung — 8 mth

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/25 19 69 to 9/26 19 69, that (I) (~~we~~) last saw the deceased alive on 9/26 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Harvey S. Feuerman M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): Harvey S. Feuerman, M.D. DEGREE

23D. ADDRESS: Pikesville Medical Center

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/29/69

24C. NAME of CEMETERY or CREMATORY: Crest Lawn Gardens

24D. LOCATION (City, town, or county) (State): Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

BIRTH NO. S-600 69 9550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9550

1. NAME OF DECEASED (Type or Print): MRS. JULIA SAWYER

2. DATE AND HOUR OF DEATH: 9/24/69 8:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL
BALTIMORE, MARYLAND 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY: 27-14
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4608 ROLAND AVE.

5. SEX: F
6. RACE: W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 3/26/80.
9. AGE (In years last birthday): 89 yrs
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? AMERICA.

13. FATHER'S NAME: JOSEPH EYRE
14. MOTHER'S MAIDEN NAME: MARY B. CALWADDLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 228-54-4004A
17. INFORMANT: MRS. RIVERS. ADDRESS: 4608 ROLAND AVE. BALTO., MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST.
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD, ATRIAL FIBRILLATION.
DUE TO, OR AS A CONSEQUENCE OF:
(C) CVA (CEREBRAL HEMORRAGE)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/19 19 69 to 9/24 19 69 that (I) (we) last saw the deceased alive on 9/24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. C. Chouvalit, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): A.C. CHOUVALIT, M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL BALTIMORE, MARYLAND 21231.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 9/25/69
24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Oliver & Greenmount Ave Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home
ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-624 69 9551

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9551

1. NAME OF DECEASED (Type or Print): MARGOLIS, DORA

2. DATE AND HOUR OF DEATH: SEPT. 23, 1969 | 7 30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE 27-30
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2711 A HANSON AVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/1/97
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ISAAC NEWMAN
14. MOTHER'S MAIDEN NAME: MINNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. MAURICE MARGOLIS
ADDRESS: 2711 A. HANSON AVE. #09

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 100 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Coronary Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

410.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 17 1969 to SEPT 23 1969 that (I) (we) last saw the deceased alive on SEPT 23 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Victor Borden M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/23/69
23C. PHYSICIAN'S NAME (Type): VICTOR BORDEN, M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: BETH TFILOH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-586 69 9552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9552

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): PHILIP I KANTOR.

2. DATE AND HOUR OF DEATH: 9-23-69 | 9.34 p.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINIA HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2815 BARTOL AVE. 27-40

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-20-08
9. AGE (In years lost birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, not retired): ~~RETIRED~~ Retired
10B. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (State or foreign country): ~~XXXXXXXX~~ POLAND
12. CITIZEN OF WHAT COUNTRY? ~~XXXXXXXXXXXX~~ USA

13. FATHER'S NAME: ABRAHAM KANTOR ~~XXXXXXXXXX~~
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXXXXX~~ GERTRUDE GULLINER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): ~~XXXXXXXXXXX~~
16. SOCIAL SECURITY NO.: 123-10-3240
17. INFORMANT: ~~XXXXX~~ Mrs. HENRIETTA KANTOR
ADDRESS: 2815 BARTOL AVENUE ~~XXXXXXXXXXXXXXXXXXXX~~

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CORONARY THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Atherosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/23/1969 to 9/23/1969, that (I) (~~we~~) last saw the deceased alive on 9/23/1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: R. J. Jacobson. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): R. J. JACOBSON DEGREE
23D. ADDRESS: Sinia Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: BETH ISAAC ADAS ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jakob, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/6B

B-536

BIRTH NO. 69 9553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9553

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): LOUIS BENDER

2. DATE AND HOUR OF DEATH: 9-24-69 | 5-45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL, 100 N. BROADWAY, BALTIMORE, MARYLAND

35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~MD~~ MARYLAND
B. COUNTY: 3-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1646 E. PRATT ST.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [X]
8. DATE OF BIRTH
9. AGE (In years last birthday): 85 ~~YR~~
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: PAPER HANGER
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? ~~XXXXXXXXXX~~ USA

13. FATHER'S NAME: AZRAEL ZELIG BENDER
14. MOTHER'S MAIDEN NAME: GITTEL ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-56-7173
17. INFORMANT: MRS. ZELDA OKUN
ADDRESS: 4000 EMMART AVENUE #21215

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diabetes Mellitus uncontrolled
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic Renal Disease with Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Moderate dehydration & emaciation

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Peri anal abscess.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-15 1969 to 9-24 1969 that (I) (we) last saw the deceased alive on 9-24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Odelio M. Lim DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-24-69
23C. PHYSICIAN'S NAME (Type): RODELIO M. LIM DEGREE
23D. ADDRESS: Church Home + Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: OHEL YAKOV - BETH ISRAEL
24D. LOCATION (City, town, or county) (State): HERRING RUN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 130-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 11-460 69 9554 Registered No. 69 9554

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Bert Thomas Miller

2. DATE AND HOUR OF DEATH: Sept. 25, 1969 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 00 1347 Cambria Street 21226

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 25-05

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1347 Cambria Street ~~21225~~ 21225

5. SEX: Male

6. RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: Jan. 18, 1913

9. AGE (In years last birthday): 56

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10B. KIND OF BUSINESS OR INDUSTRY: Harbison Walker Refactories

11. BIRTHPLACE (State or foreign country): Dayton, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Miller

14. MOTHER'S MAIDEN NAME: Maude Whitney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W 11

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mildred E. Miller ADDRESS: 1347 Cambria St. 21225

MEDICAL CERTIFICATION

I

1B. 162.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Generalized metastatic carcinoma — 6 months

DUE TO

(B) Site of origin (?) lung

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/23 1969 to 9/25 1969, that (I) (~~we~~) last saw the deceased alive on 9/22 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Sidney R. Gehlert M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): Sidney R. Gehlert, M.D.

23D. ADDRESS: 4700 Pennington Avenue Baltimore, Maryland 21226

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/30/69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: M. Cilly F. H. ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-616 69 9555

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9555

1. NAME OF DECEASED (Type or Print): DELORES HARPER

2. DATE AND HOUR OF DEATH: SEPTEMBER 25 1969 12:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Anne Arundel 52-00

C. CITY OR TOWN: ~~Baltimore~~ Glen Burnie

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 103 Leymer Road

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/8/28

9. AGE (In years last birthday): 41

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pittsburg Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Burkhardt

14. MOTHER'S MAIDEN NAME: ~~XXXXXXX~~ Eleanor Moner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 180-20-9720

17. INFORMANT: Mr. George A. Harper (husband) ADDRESS: Same as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

174X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF THE BREAST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 7 1969 to SEPTEMBER 25 1969 that (I) (we) last saw the deceased alive on SEPTEMBER 25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Weinberg M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/25/69

23C. PHYSICIAN'S NAME (Type): Robert S. Weinberg, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/26/69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: C. B. Fleming

ADDRESS: Singleton Funeral Home Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-560 69 9556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9556

1. NAME OF DECEASED (Type or Print): KATHLEEN C. MINIER

2. DATE AND HOUR OF DEATH: September 24, 1969. Approx. 9:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1667 Shadyside Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 9-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1667 Shadyside Road

00

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 9, 1898.
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager
10B. KIND OF BUSINESS OR INDUSTRY: Trading Stamp Co.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Grant Minier
14. MOTHER'S MAIDEN NAME: Nellie Gorman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Robert Angier ADDRESS

MEDICAL CERTIFICATION

18. 4310 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Massive cerebral hemorrhage — Sudden
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension — Many Months
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~the physician~~) attended the deceased from May 9, 1969 to Sept 24, 1969, that (I) (~~we~~) last saw the deceased alive on Aug 7, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~have~~) (did~~not~~) view the body after death.

23A. SIGNATURE: S. J. Liu M. D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type): S. J. Liu, M. D. DEGREE
23D. ADDRESS: 5301 Harford Rd. Baltimore, Md. 21214

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jakey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

S-423 69 9557

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9557

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SLAUGHTER; MILDRED M.

2. DATE AND HOUR OF DEATH: 09-24-69 7:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 33rd & CALVERT ST. BALTIMORE MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ~~BALTIMORE~~ 26-43
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3719 ERDMAN AVE.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03-17-02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~NONE~~ HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN T. HAND
14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ Ida B. Cole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-22-7235
17. INFORMANT: Mr. JAMES F. SLAUGHTER SR. ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: TERMINAL CA of the JEJUNUM
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 09-18 1969 to 09-24 1969, that (I) (we) last saw the deceased alive on 09-24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Evelyn Navarro MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-24-69
23C. PHYSICIAN'S NAME (Type): EVELYN P. NAVARRO MD DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: Moreland Mausoleum
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard F. Ruck, Inc. ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-322 69 9558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9558

1. NAME OF DECEASED (Type or Print): JOHN W. HODGES

2. DATE AND HOUR OF DEATH: Sept. 24, 1969 2.45 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 LONG GREEN NURSING HOME 115 Melrose Avenue, at Bellona

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-33
C. CITY OR TOWN: Maryland
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 2506 Strathmore Ave

5. SEX: male
6. RACE: caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: May 13, 1876
9. AGE (In years last birthday): 93
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Penna RR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Hodges
14. MOTHER'S MAIDEN NAME: Mary ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes. (If yes, give war or dates of service): Spanish American
16. SOCIAL SECURITY NO.: 217-24-5201
17. INFORMANT: Mrs. Anita Berries, 2506 E. Strathmore Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) Senility
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~Sept 23~~ 19~~69~~ to Sept 23 19 69, that (I) (we) last saw the deceased alive on Sept 23, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: James E. White MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept 24, 1969
23C. PHYSICIAN'S NAME (Type): Dr. James E. White DEGREE
23D. ADDRESS: 5214 Harford Rd, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/69
24C. NAME of CEMETERY or CREMATORY: Baltimore, National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jones, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md.-14
ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. F-623 69 9559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9559

1. NAME OF DECEASED (Type or Print): LENA M. FORSTER

2. DATE AND HOUR OF DEATH: SEPTEMBER 24, 1969 7:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4204 E. Kolb Avenue 21206

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8/19/98
9. AGE (In years last birthday): 71 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales (Ret)
10B. KIND OF BUSINESS OR INDUSTRY: Hutzlers
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick Trowx
14. MOTHER'S MAIDEN NAME: Mary Shipling
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214 22 1502
17. INFORMANT: Mrs. Mildred F. Kelbaugh — ADDRESS: 635 Roland Ave. Belair Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 MIN

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23 1969 to 9/24 1969 that (I) (we) last saw the deceased alive on 9/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert S. Weinberg MD. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): Robert S. Weinberg, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md. 21214 — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-356

BIRTH NO. 69 9560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9560

1. NAME OF DECEASED (Type or Print): Margaret Steinmeier

2. DATE AND HOUR OF DEATH: 9-25-69 | 10:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4359 Shamrock Avenue

5. SEX: Female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-2-1903
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Candy Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E Steinmeier
14. MOTHER'S MAIDEN NAME: Mary R Mooney

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-03-5548
17. INFORMANT: Mr Michael J King
ADDRESS: 6309 Chambers Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cerebral thrombosis, left — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6/69
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) arteriosclerotic CV disease — years
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) arteriosclerosis gen — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11 1969 to 9/25 1969, that (I) (we) last saw the deceased alive on 9/25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A Macht MD DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): ALLAN H MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faxberg M.D.
25C. FUNERAL DIRECTOR: L. J. Reck, Inc.
ADDRESS: Baltimore, Maryland

VS-150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. G-622 69 9561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9561

1. NAME OF DECEASED (Type or Print): LOUIS GORSUCH

2. DATE AND HOUR OF DEATH: September 25, 1969. 5 10/A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in the Pines, Belair Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-78
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1031 Cameron Road

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 20, 1901 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Gorsuch 14. MOTHER'S MAIDEN NAME: Emma E. Melchior

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-01-9777

17. INFORMANT: Mrs. IdelleGorsuch ADDRESS: (Same)

MEDICAL CERTIFICATION

1B. 192.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hepatic Coma — 36 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Terminal Carcinoma of the Liver — Unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Jaundice Ascites. Anemia. — Unknown

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/23/ 19 69 to 9/25/ 19 69, that (I) (~~we~~) last saw the deceased alive on 9/24/ 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We) (did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): Albert B. Bradley M.D. DEGREE 23D. ADDRESS: 4900 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/29/69. 24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery 24D. LOCATION (City, town, or county) (State): Frederick, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969 25B. NAME OF REGISTRAR: Robert E. [illegible] M.D. 25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214 ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-614 69 9562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9562

1. NAME OF DECEASED (Type or Print): Charles J. ~~Mirabile~~ Mirabile

2. DATE AND HOUR OF DEATH: 9-24-69 12 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 26-54
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2101 Odell Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/28/1908
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Santo Mirabile
14. MOTHER'S MAIDEN NAME: Nunziata Stroscio
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-07-3544
17. INFORMANT: Mrs. Carmella Mirabile Hospital Chart
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ASCVD — 5-10 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): hypertension — 5-10 yrs.

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/23 1969 to 9/24 1969 that (I) (we) last saw the deceased alive on 9/24/69 19 and that in (my) (our) opinion death occurred on the date and ~~hour~~ from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David S. McHold MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): DAVID S. McHOLD MD DEGREE
23D. ADDRESS: Mercy Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Intombment
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Huck, Inc. Balto. Md. 21214 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. H-350 69 9563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9563

1. NAME OF DECEASED (Type or Print): PHILLIP G HAYDEN

2. DATE AND HOUR OF DEATH: Sept. 24, 1969 | 7 34 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY of MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTO. COUNTY 27-49
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1709 Hillenwood Rd

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/5/92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip M. Hayden
14. MOTHER'S MAIDEN NAME: Ida Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-07-0733A
17. INFORMANT: Mrs Maude R Hayden ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RLL Pneumonia - Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: w 3 mons
DUE TO, OR AS A CONSEQUENCE OF:
(B) [illegible] of Blood — 6 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Degeneration of gastric contents — 6 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Huntington's Chorea — Many years

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NA
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NA
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NA
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NA
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NA
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? NA

22. I certify that (I) (this hospital) attended the deceased from Sept. 18 19 69 to Sept. 24 19 69 that (I) (we) last saw the deceased alive on Sept. 24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark M. Applefeld, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Sept. 24, 1969
23C. PHYSICIAN'S NAME (Type): MARK M. APPLEFELD, MD. DEGREE
23D. ADDRESS: Univ. of Md. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-363 69 9564

REG. NO. 69 9564

1. NAME OF DECEASED (Type or Print): FRANCIS A. EDWARDS, III

2. DATE AND HOUR OF DEATH: Sept. 24, 1969 1:55 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 12-01

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 7 York Court

5. SEX: male

6. RACE: caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 6, 1906.

9. AGE (In years last birthday): 62

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Service Rep.

10B. KIND OF BUSINESS OR INDUSTRY: Matrix Contrast

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis A. Edwards, Jr.

14. MOTHER'S MAIDEN NAME: Blanche Bowen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 157-12-5213

17. INFORMANT: Mrs. Julia E. Edwards ADDRESS: (Same,

CAUSE OF DEATH

18. 4121 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hypertensive Cardio-vascular disease.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary heart disease with severe angina Pectoris

DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Bronchitis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on 9/12/ 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel Sodaro M.D. DEGREE Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): Dr. Manuel Sodaro DEGREE

23D. ADDRESS: 4624 York Road, Balto, Md. - 18

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/27/69.

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Balto, Md. - 14 ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-352 69 9565

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9565

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): STANSBURY, VIRGINIA MARY

2. DATE AND HOUR OF DEATH: SEPT. 22, 1969 | 9:30A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE, MD. 21228

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: HAVRE DE GRACE, MD
B. COUNTY: HARFORD
C. CITY OR TOWN: HAVRE DE GRACE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 315 INGLESIDE AVE. 62-24

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 05-01-84
9. AGE (In years last birthday): 85
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: STEPHEN PRESTON DEC'D
14. MOTHER'S MAIDEN NAME: GUSSIE HARRIS DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-07-1191A
17. INFORMANT: ST. AGNES RECORD ROOM WILKENS & CATON AVE

CAUSE OF DEATH

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetes mellitus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-21-6 19 69 to 9-22- 19 69 that (I) (we) last saw the deceased alive on 9-22 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Chingfui Tsai, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-22-69
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: St Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Sept. 27, 69
24C. NAME of CEMETERY or CREMATORY: Berkley Memorial Cem.
24D. LOCATION (City, town, or county) (State): Harford Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: R. Madison Mitchell
ADDRESS: Havre de Grace, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N-213 69 9566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9566

1. NAME OF DECEASED (Type or Print): Preston Nesbitt

2. DATE AND HOUR OF DEATH: 9-27-69 | 9:15 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital, 1514 Division Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-09
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1430 Preston Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-4-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): G.L.F. MFG. CO.
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: MITCHELL NESBIT
14. MOTHER'S MAIDEN NAME: GEORGIANNA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 216-07-0771
17. INFORMANT: Mrs. Gladys Nesbit (Wife)
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: From 9-25/69 to 9-27/69
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Pulmonary Congestion with Pleurisy

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 25, 19 69 to September 27, 19 69 that (I) (we) last saw the deceased alive on September 27, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Corpuz M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [xx]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): Raymundo R. Corpuz MD DEGREE
23D. ADDRESS: 1514 Division Street Baltimore, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Balto National
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Jabes E. Jabes, M.D.
25C. FUNERAL DIRECTOR: Marshall P. Hoyt
ADDRESS: 638 N. Gilmor St.

VS 150-REV. 1/1/68

D-120 69 9567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9567

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDGAR DAVIS

2. DATE AND HOUR OF DEATH: 10 30 PM SEPT. 25TH, 1969

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: Baltimore City 8-07

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1608 E. Biddle

5. SEX: M

6. RACE: N

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/15/~~95~~ 94

9. AGE (In years last birthday): 75

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JARRETT DAVIS

14. MOTHER'S MAIDEN NAME: MARY ANN GROON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 239 48 2022

17. INFORMANT: LEOLA MILES

ADDRESS: 1608 E. BIDDLE ST

MEDICAL CERTIFICATION

1B. 1337.9

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: HEPATIC DECOMPENSATION

DUE TO, OR AS A CONSEQUENCE OF:

(B) METASTATIC HEPATIC CARCINOMA

DUE TO, OR AS A CONSEQUENCE OF:

(C) PANCREATIC ADENO-CARCINOMA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. Greg Brown M.D. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/25/69

23C. PHYSICIAN'S NAME (Type): B. GREG BROWN DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 9/28/69

24C. NAME of CEMETERY or CREMATORY: Mt Zion Bapt Church

24D. LOCATION (City, town, or county) (State): Seaboard N.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Marvin P. Hayes

ADDRESS: 638 N. Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-252 69 9568

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9568

1. NAME OF DECEASED (Type or Print) WOJNOWSKI STANLEY J.

2. DATE AND HOUR OF DEATH 6-20 Am 9 28 69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH Home Hospital BALTIMORE — Church Home Hospital, 100 N. Broadway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 2-02 C. CITY OR TOWN BALTO D. INSIDE CITY LIMITS? YES ☑ NO ☐ E. STREET AND NUMBER 250 S ANN ST.

5. SEX M 6. RACE W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1/18/29 9. AGE (In years last birthday) 40 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER 10B. KIND OF BUSINESS OR INDUSTRY TAVERN

11. BIRTHPLACE (State or foreign country) MD. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME PAUL WOJNOWSKI 14. MOTHER'S MAIDEN NAME Catherine REDZIEWSKI

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) YES (If yes, give war or dates of service) KOREA 16. SOCIAL SECURITY NO. 219 22 9787 17. INFORMANT FRANCES WOJNOWSKI ADDRESS 250 S. ANN ST. BALTO. Md. 21231

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cirrhosis of liver c̄ Rupturing
DUE TO, OR AS A CONSEQUENCE OF: Oesophageal Varices.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3.30 Am 9/28/19 69 to 6.20 Am 9/28 19 69 that (I) (we) last saw the deceased alive on 9/24/ 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Firozvi. MD. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED 9/28/69

23C. PHYSICIAN'S NAME (Type) TARIQUE A. FIROZVI MD DEGREE — 23D. ADDRESS Church Home & Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 10-1-69 24C. NAME of CEMETERY or CREMATORY Holy Rosary Cem. 24D. LOCATION (City, town, or county) (State) Balto Co. Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 29 1969 25B. NAME OF REGISTRAR [illegible] 25C. FUNERAL DIRECTOR A. Frankowski ADDRESS 2007 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-625 69 9569

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9569

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES HARRISON

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: September 24, 1969 — Hour: 10:00 P.M.

3. DATE PRONOUNCED DEAD — Month Day Year: September 24, 1969 — Hour: 10:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION, IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

CERTIFICATE AMENDED 10-24-69

33

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 10-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1114 N. Central Avenue

6. SEX: Male

7. RACE: Negro

8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Jan 1, 1910

10. AGE (In years last birthday): 59

If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Shelbourne VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ned Harrison

14A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Stevedore

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Janie ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.

18. INFORMANT: Bessie Harrison — ADDRESS: 1114 N. Central Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E887 I-207.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral Subdural Hematomas
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Leukemia

20A. DATE OF OPERATION: 9-17-69 9-22-69

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Subdural Hematomas

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Unknown

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Unknown 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Unknown m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [XX]

22F. HOW DID INJURY OCCUR? Apparently accidentally fell

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [XX]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Sept 28/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.

24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Reginald T. Blackson

ADDRESS: 1129 N. Carrollton St.

VS 151-REV. 1/1/68

N 552.0

Letter from M.E.'s office
10-24-64 W.H.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-514 69 9570

REG. NO. 69 9570

1. NAME OF DECEASED (Type or Print): Maggie Campbell

2. DATE AND HOUR OF DEATH: Sept. 25, 1969 | 7 15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 George Washington Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 12-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 335 E. 28th St.

5. SEX: Female

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: Aug. 29, 1894

9. AGE (In years last birthday): 75 yrs.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Not Known

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 251-66-3254

17. INFORMANT: C Hart — ADDRESS: 607 Penn. Ave.

MEDICAL CERTIFICATION

18. 431.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: INTRACEREBRAL (HEMORRHAGE) — 1 week

DUE TO, OR AS A CONSEQUENCE OF: (HEMORRHAGE)

(B) CEREBRAL ARTERIOSCLEROSIS — YRS.

DUE TO, OR AS A CONSEQUENCE OF:

(C) GENERALIZED ARTERIOSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): HYPERTENSIVE CARDIAC DISEASE

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4-30-1969 to 9-25-1969, that (I) (we) last saw the deceased alive on 9-23-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, MD. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-25-69

23C. PHYSICIAN'S NAME (Type): Richard Tyson, MD. DEGREE

23D. ADDRESS: 2320 Eutaw Place, Baltio, Md. 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/1/69

24C. NAME of CEMETERY or CREMATORY: Lotts S.C.

24D. LOCATION (City, town, or county) (State): Lotts S.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Arthur R. Crimmins — ADDRESS: Balt. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 69 9571

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9571

1. NAME OF DECEASED (Type or Print): MR. EUGENE WILLIAMS.

2. DATE AND HOUR OF DEATH: 9/27/69 9.55 PM.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: USA 18-02
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1015 W FAYETTE

5. SEX: MALE
6. RACE: NON WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARIED
8. DATE OF BIRTH: 8-23-1899
9. AGE (In years lost birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Cyrus Williams
14. MOTHER'S MAIDEN NAME: Mary Jefferson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 219-12-5682
17. INFORMANT: Mary Jane Williams
ADDRESS: 1015 W Fayette St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CVA — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

DUE TO

(B) Congestive Heart Failure — 5 days.

DUE TO

(C) Malnutrition

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: –
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: –
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/22 19 69 to 9/27 19 69, that (I) (we) last saw the deceased alive on 9/27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Chitt chang M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): A. CHITTCHANG M.D.
23D. ADDRESS: FRANKLIN SQUARE HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Maysville
24D. LOCATION (City, town, or county) (State): Sumter, S.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles A Rice
ADDRESS: 661 W. Baltimore St

VS 150-REV. 1/1/65

1

S-30 U 69 9572

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9572

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA SETH

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: September 25, 1969 — Hour: M.

3. DATE PRONOUNCED DEAD — Month Day Year: September 25, 1969 — Hour: 1:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1011 Aisquith Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 10-01

6. SEX: Female
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 4/17/22
10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1011 Aisquith St ~~206 Somerset~~ Place

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Seth

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Mintie Raines

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.
18. INFORMANT: Vernon Seth — ADDRESS: 2812 Clifton Ave.

MEDICAL CERTIFICATION

19. S-71.8

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Tilley, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice — ADDRESS: 661 W. Barre St.

VS 151-REV. 1/1/68

Funeral director, said 1011 Augusta St
is the home of deceased — 9-30-69

G-650 69 9573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9573

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Green, Irving L.

2. DATE AND HOUR OF DEATH: 9/26/69 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pleasant Manor Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-06
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 953 Ellicott Drive

5. SEX: M.
6. RACE: C.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/27/98
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard P. Green
14. MOTHER'S MAIDEN NAME: Clara Rogers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Queenie Green 953 Ellicott Drive
ADDRESS:

MEDICAL CERTIFICATION

18. I 153.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Generalized carcinomatosis — 18 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of descending colon — 3 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 2, 1966 to Sep. 26, 1969, that (I) (~~we~~) last saw the deceased alive on Sep. 24, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Marvin Goldstein, M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): MARVIN GOLDSTEIN, M.D. DEGREE
23D. ADDRESS: 6001 PARK HEIGHTS AVE. BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Warren
24D. LOCATION (City, town, or county) (State): Warrentown, N.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Barre St.

VS 15 REV. 11/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-426 69 9574

BIRTH NO. L

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9574

1. NAME OF DECEASED (Type or Print): LUCY ELSEROAD (ELSEROAD)

2. DATE AND HOUR OF DEATH: 9-24-69 | 11:22 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-98
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5125 Linden Heights

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7/2/96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SEAMSTRESS
10B. KIND OF BUSINESS OR INDUSTRY: G+G. Uniform Co
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORG GARBER
14. MOTHER'S MAIDEN NAME: MARY BORING

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 217-22-9439
17. INFORMANT: DAUGHTER Miss ELIZABETH Elseroad
ADDRESS: 5125 Linden Heights AVE. SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months
DUE TO, OR AS A CONSEQUENCE OF: c Mal of Colon
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic Heart Disease — Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 19 66 to Sept 24 19 69 that (I) (we) last saw the deceased alive on Sept 23 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David Miller DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-24-69
23C. PHYSICIAN'S NAME (Type): David C. Miller M.D. DEGREE
23D. ADDRESS: 9115 Reisterstown Rd. - Owings Mills, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 29, 1969
24C. NAME of CEMETERY or CREMATORY: St. Thomas Cemetery
24D. LOCATION (City, town, or county) (State): Owings Mills, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Frank H. Newell
ADDRESS: Pikesville 8, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-162 69 9575

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9575

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Jefferson, Charlotte

2. DATE AND HOUR OF DEATH: 9-24-69 9:10 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division St. Baltimore, Maryland 21217
39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1134 Stoddard Ct.

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 3, 1919
9. AGE (In years last birthday): 50
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wesley Berry
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: James Jefferson
ADDRESS: 1134 Stoddard Ct

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 431.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Intracerebral Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause 1A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Anoxia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-24-69 19 to 9-24-69 19 that (I) (we) last saw the deceased alive on 9-24-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Tengco M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-25-69
23C. PHYSICIAN'S NAME (Type): G. TENGCO MD DEGREE
23D. ADDRESS: 1514 Division St. Baltimore, Md. 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto. Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: B. E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Earl Gilmore
ADDRESS: 1827 W. North Ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 69 9576

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9576

1. NAME OF DECEASED (Type or Print): MAXINE D. WILLIAMS

2. DATE AND HOUR OF DEATH: 9-27-1969 5:15 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MD General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1301
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 2430 LINDEN AVE

48

5. SEX: F
6. RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: MARCH 4-1927
9. AGE (In years last birthday): 42
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): SANFORD N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN EATON
14. MOTHER'S MAIDEN NAME: LORRAINE BOWMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: LORRAINE EATON ADDRESS: 2430 LINDEN AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.0

(A) CORONARY OCCLUSION — 4 HOURS
DUE TO
(B) Hypertensive CARDIAC DISEASE
DUE TO
(C) Congestive Heart Failure — Years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JULY 1969 to 25 Sept 1969, that (I) (we) last saw the deceased alive on 25 Sept 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard F. Tyson M.D. — Attending Phys. ✓ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): Richard F. Tyson M. D.
23D. ADDRESS: 2320 Eutaw Place Baltimore M.d.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-31-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Mrs Fannie Hayes ADDRESS: 638 N Gilmore St

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 109 69 9577 RS

BIRTH NO. C-452 69 9577

1. NAME OF DECEASED (Type or Print): Elizabeth Collins

2. DATE AND HOUR OF DEATH: 9/26/69 6:30 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33 Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Anne Arundel 52-10

C. CITY OR TOWN: Annapolis

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 80 College Creek Terrace

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 5/5/25

9. AGE (In years last birthday): 44

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samore Collins

14. MOTHER'S MAIDEN NAME: Wuzela Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

16. (If yes, give war or dates of service)

SOCIAL SECURITY NO.

17. INFORMANT: William Onlee

ADDRESS: Mitchelville Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 571.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) G.I. bleeding, prehepatic coma

DUE TO, OR AS A CONSEQUENCE OF:

(C) cirrhosis of liver

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from Sept. 25 19 69 to Sept. 26 19 69, that I (we) last saw the deceased alive on Sept. 26 19 69 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loren George Lipson MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): Loren George Lipson, MD, DEGREE

23D. ADDRESS: Johns Hopkins Hospital Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE:

24C. NAME of CEMETERY or CREMATORY: Chews Memorial

24D. LOCATION (City, town, or county) (State): Glensville Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Fuller, M.D.

25C. FUNERAL DIRECTOR: William Reese # Anna, Md.

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-263

435.0200

69 9578

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9578

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Melvin N. Luckart

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 27 Year: 69 Hour: 12:40a M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 27 Year: 69 Hour: 12:40 a.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3333 Greenmount Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 901
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 665 Dumbarton Ave.

6. SEX: male
7. RACE: white
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-20-40
10. AGE (In years last birthday): 28
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Frank Luckart

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
14B. KIND OF BUSINESS OR INDUSTRY: Judge-Night Club
15. MOTHER'S MAIDEN NAME: Bearl Herr

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):
17. SOCIAL SECURITY NO. 217-38-1384
18. INFORMANT: Mr. Edward Schroeder
ADDRESS: 3333 Greenmount Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): bar
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3333 Greenmount Ave. 903

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 27 (Year) 69 (Hour) 12:20 a.m.
22E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR? shot several times

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/27/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-69
24C. NAME of CEMETERY or CREMATORY: CrestLawn Cem.
24D. LOCATION (City, town, or county): Howard Co. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins &Sons
ADDRESS: 4905 York Rd. Balto. Md. 21212

0 0 0 0 5 6 4

VS 151-REV. 1/1/68

N 875.1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-356 69 9579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9579

1. NAME OF DECEASED (Type or Print): F. Edmund Sutton

2. DATE AND HOUR OF DEATH: 27 Sept. 1969 | 7:05A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2711
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 14 W. Cold Spring Lane

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03-14-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): banker
10B. KIND OF BUSINESS OR INDUSTRY: BANKING
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Sutton
14. MOTHER'S MAIDEN NAME: Mary Pennington
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-05-9827
17. INFORMANT: Hospital Chart
ADDRESS:

MEDICAL CERTIFICATION

18. 410.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Parkinson's disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 20 Sept. 1969 to 27 Sept. 1969 that (I) (we) last saw the deceased alive on 27 Sept. 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Capeda M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 27 Sept. 69
23C. PHYSICIAN'S NAME (Type): Dr. M. Capeda DEGREE
23D. ADDRESS: The Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Shrewsbury Episcopal Church Cemetery
24D. LOCATION (City, town, or county) (State): Kennedyville, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

N-200 69 9580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9580

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Arthur Cleveland Nash

2. DATE AND HOUR OF DEATH: Sept. 25, 1969 9 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 315 Kernway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2711

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 315 Kernway

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 10-21-1871 9. AGE (In years last birthday): 97 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Nash

14. MOTHER'S MAIDEN NAME: Katherine C. Coxe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-44-9578

17. INFORMANT: Mrs. Edward E. Caldwell ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 492X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary emphysema — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from Dr Joeking 1964 19 to Sept 19 69, that (I) (we) last saw the deceased alive on Sept 21 19 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: RK Gundry DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-26-69

23C. PHYSICIAN'S NAME (Type): Dr. Richard Gundry DEGREE

23D. ADDRESS: 2 W. University Parkway

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 9-27-69

24C. NAME of CEMETERY or CREMATORY: Greenmount

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 5905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-652

BIRTH NO. 69-18186 69 9581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9581

1. NAME OF DECEASED (Type or Print): Burns TRACEY (BABY)

2. DATE AND HOUR OF DEATH: 9/27/69 | 11:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2778

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5928 Northwood Dr 21212

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/27/69 9. AGE (In years last birthday) | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 19 | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Dennis Burns 14. MOTHER'S MAIDEN NAME: Elizabeth Anne Kane

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None 17. INFORMANT: Joseph D. Burns ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congenital diaphragmatic hernia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <24 hours.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/27/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Congenital diaphragmatic hernia

20A. AUTOPSY? (Yes or No): — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 9/27 1969 to 9/27 1969 that I (we) last saw the deceased alive on 9/27 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

23A. SIGNATURE: Stuart Winaker MD. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 9/27/69.

23C. PHYSICIAN'S NAME (Type): Stuart Winaker MD DEGREE — 23D. ADDRESS: Md. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-30-69 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: Henry W. Jenkins & Sons ADDRESS: 4905 York Rd Balto. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-450

BIRTH NO. 69 9582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9582

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Wilbur Walter Allen

2. DATE AND HOUR OF DEATH: Sept. 25, 1969 8:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Convalesarium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 903
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3722 Yolanda Road

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-12-1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor Sales
10B. KIND OF BUSINESS OR INDUSTRY: Coca-Cola
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: Robert Watson Allen
14. MOTHER'S MAIDEN NAME: Delia Clay

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-9111
17. INFORMANT: Mrs. Florence Allen
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
448.9	(A) IMMEDIATE CAUSE: Cardiac Exhaustion	Several Days
	(B) DUE TO, OR AS A CONSEQUENCE OF: Generalized Atherosclerosis	years
	(C) DUE TO, OR AS A CONSEQUENCE OF: Arterial Confusion	2-3 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from October 1954 to Sept 25 1969, that (I) (~~we~~) last saw the deceased alive on Sept 23 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William L. Fearing DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-26-69
23C. PHYSICIAN'S NAME (Type): Dr. William L. Fearing DEGREE
23D. ADDRESS: 3025 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-1969
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county): Baltimore County, (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: G. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

P-120 69 9583

BIRTH NO. Annapolis, Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9583

1. NAME OF DECEASED (Type or Print): WILLIAM PHIPPS XX

2. DATE AND HOUR OF DEATH: 9-25-69 | 1.05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: ANNE ARUNDEL 52-10

C. CITY OR TOWN: ANNAPOLIS

D. INSIDE CITY LIMITS? YES XX NO ☐

E. STREET AND NUMBER: 406 ADAMS STREET

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-27-64

9. AGE (In years last birthday): 5

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NELSON PHIPPS

14. MOTHER'S MAIDEN NAME: EVELYN KING

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Nelson Phipps

ADDRESS: #4

MEDICAL CERTIFICATION

1B. 746.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cardiac failure

DUE TO, OR AS A CONSEQUENCE OF:

(C) Open heart surgery

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9-22-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tetralogy of Fallot

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-21 19 69 to 9-25 19 69, that (I) (we) last saw the deceased alive on 9-25 19 69 and that I (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. J. Fee Jr. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-25-69

23C. PHYSICIAN'S NAME (Type): H. J. Fee Jr. DEGREE

23D. ADDRESS: Reed Hall

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/27/69

24C. NAME of CEMETERY or CREMATORY: Hillcrest

24D. LOCATION (City, town, or county) (State): Annapolis Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.

25C. FUNERAL DIRECTOR: John M. Taylor & Sons

ADDRESS: Annapolis, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-512 69 9584 Registered No. 69 9584

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Ruth Leimbach

2. DATE AND HOUR OF DEATH: Sept. 23, 1969 | 12:15 a. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. South Baltimore General Hospital

43 / 99

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2553

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 1910 Harman Avenue 21239

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	Single	Jan. 21, 1912	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Clerk	Social Security Adm.	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: George Leimbach

14. MOTHER'S MAIDEN NAME: Margaret Weigman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. George Leimbach ADDRESS: 504 Mathews Ave. 21225

MEDICAL CERTIFICATION

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 410.9

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary occlusion — seconds -

DUE TO

(B) Coronary atherosclerosis — years -

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		no	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-15 1969 to 9-13 1969, that (I) (we) last saw the deceased alive on 9-13 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cesar J. Pellerano M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-27-69

23C. PHYSICIAN'S NAME (Type): Cesar J. Pellerano M.D.

23D. ADDRESS: 2436 Washington Blvd. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	9/30/69	Baltimore Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert L. Talbert M.D.

25C. FUNERAL DIRECTOR: McCully F. A. ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M.E. called by Dr. Sabanayagam T-650 69 9585

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9585

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): TORNEY, AMELIA EVELYN

2. DATE AND HOUR OF DEATH: SEPTEMBER 25, 1969 6:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: ST AGNES HOSPITAL

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): WILKENS & CATON AVENUES BALTIMORE MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2551
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 810 PRIMSON AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10 31 95
9. AGE (In years last birthday): 73
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilhelm Waible
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: RECORD'S BALTIMORE MD 21229
ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

180XX-28

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CORONARY THROMBOSIS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMA OF CERVIX — Dx. 1 year ago.
DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~FRACTURE NECK of FEMUR (L)~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

NO AUTOPSY — CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 9/18/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: FRACTURE NECK. (L) FEMUR
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 16, 1969 to SEPTEMBER 25, 1969 that (I) (we) last saw the deceased alive on SEPTEMBER 25, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sabanayagam M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type): P SABANAYAGAM, M.D. DEGREE
23D. ADDRESS: BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: E. S. MacNabb
ADDRESS: 301 Frederick Rd Balto Md 28

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-300 69 9586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9586

1. NAME OF DECEASED (Type or Print): AMANDA DOWDY

2. DATE AND HOUR OF DEATH: 9-27-69 11:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: ~~[illegible]~~ BALTIMORE, MD.
C. CITY OR TOWN: BALTIMORE, MD
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2706 BOARMAN AVE. BALT. 1513

5. SEX: F.
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3-25-1896
9. AGE (In years last birthday): 73
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN THARPE
14. MOTHER'S MAIDEN NAME: Betty (Mills)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-32-0364
17. INFORMANT: RICHARD EDWARD DOWDY (SON). ADDRESS: ~~5473 GRADDIN AVE.~~

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 83.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: OVARIAN CARCINOMA
DUE TO, OR AS A CONSEQUENCE OF:
(B) GENERALIZED METASTASIS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-20 19 69 to 9-27 19 69 that (I) (we) last saw the deceased alive on 9-27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: ESCARCEGA M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): ROGELIO ESCARCEGA M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Lake View Memorial Park
24D. LOCATION (City, town, or county) (State): Carroll County Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Loring Byers Chapel
ADDRESS: 8728 Liberty Road 21133

VS 150-REV. 1/1/68

1

R-000 69 9587

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9587

BIRTH NO.

43/99

1. NAME OF DECEASED (Type or Print): KATHLEEN RAY

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: September — Day: 24 — Year: 1969 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: September — Day: 24 — Year: 1969 — Hour: 10:38 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2505

6. SEX: Female
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Oct. 23, 1931
10. AGE (In years last birthday): ~~38~~ 37
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
E. STREET AND NUMBER: 4142 Hyden Court

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Andrew Reitz

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Phy. Thr.
14B. KIND OF BUSINESS OR INDUSTRY: Hospital
15. MOTHER'S MAIDEN NAME: Helen Baker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
17. SOCIAL SECURITY NO.: 212-28-3476
18. INFORMANT: David A. Reitz — ADDRESS: 27 Dihedral Dr. 21220

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

398 X

(A) IMMEDIATE CAUSE: Rheumatic heart disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Holy Hill Mem. Gardens
24D. LOCATION (City, town, or county) (State): Essex Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: J. Cook Brooks Towson Inc.
ADDRESS: 1050 York Rd. Towson, Md. 21204

VS 151-REV. 1/1/68

B-550 69 9588

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9588

1. NAME OF DECEASED (Type or Print): PAULINE BAUMAN

2. DATE AND HOUR OF DEATH: 9/26/1969 10-26 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore 53.00
C. CITY OR TOWN: Fork - 21051
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Box 93 - Upland Road

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/9/20
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemake
10B. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lucion Stewart
14. MOTHER'S MAIDEN NAME: Minnie Godwin

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: 245-03-4511 ~~067-26-4516~~
17. INFORMANT: Wm. C. Bauman - Same as #4
ADDRESS: 69 9588

MEDICAL CERTIFICATION

18. 430.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Intracerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ruptured aneurysm (R Ant comm A)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/24/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ARTERIOGRAM FOR DIAGNOSIS
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/17 19 69 to 9/26 19 69 that (I) (we) last saw the deceased alive on 9/26 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Ibrahim. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/26/69
23C. PHYSICIAN'S NAME (Type): M. S. AL-IBRAHIM MB ChB DEGREE
23D. ADDRESS: Maryland General Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-30-69
24C. NAME of CEMETERY or ~~CREMATORY~~: Dulaney Valley
24D. LOCATION (City, town, or county) (State): Cockeysville, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert A. Lathey, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks
ADDRESS: 1050 York Rd Towson Md

VS 150-REV. 1/1/68

21204

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-536 69 9589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9589

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENDRICKSON DOROTHY ELIZABETH

2. DATE AND HOUR OF DEATH: Sept 27/69 | 6 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Balto Co 21207 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3634 Paskinpl. - Apt 5A.

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/13/11
9. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): ~~Md~~ West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John MYERS (dec.)
14. MOTHER'S MAIDEN NAME: ~~Dec~~ Nora Shirley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214096203
17. INFORMANT: Roy Hendrickson, SAME as H
ADDRESS: 4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 410.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4½ wks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Coronary artery disease, Hx

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/27 1969 to 9/27 1969 that (I) (we) last saw the deceased alive on 9/27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 27 Sept 69
23C. PHYSICIAN'S NAME (Type): M.H. GONZALEZ MD. DEGREE
23D. ADDRESS: U. of Maryland Hosp. Balto. Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-30-69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Wm Cook Brooks Towson
ADDRESS: 1050 York Rd Towson Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-260 69 9590

REG. NO. 69 9590

1. NAME OF DECEASED (Type or Print): MRS. ROSE J. LAZZARA

2. DATE AND HOUR OF DEATH: 9-25-69, 6:32 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: ~~1369 EAST NORTHERN PARKWAY~~ (Error)

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1369 East Northern Parkway

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-15-23

9. AGE (In years last birthday): 46

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~HOUSE WORK~~

10B. KIND OF BUSINESS OR INDUSTRY: SCHOOL ~~AT HOME~~

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Joseph Ferrare

14. MOTHER'S MAIDEN NAME: Mary Kufel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 216-12-8363

17. INFORMANT: Admission Form Hospital Front Sheet

ADDRESS:

MEDICAL CERTIFICATION

18. 1744 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Recurrent Ca. in Lt. breast

DUE TO, OR AS A CONSEQUENCE OF: metastased to Lung.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6:15 - 6:32

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Suk Woo Lee M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-25-69

23C. PHYSICIAN'S NAME (Type): Suk-Woo Lee M.D. DEGREE

23D. ADDRESS: Bon Secour Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD. BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Charles L. Geiler

ADDRESS: 6224 EASTERN AVE BALTO., 21224, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-152 69 9591

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9591

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MRS EDITH GIBBONS

2. DATE AND HOUR OF DEATH: 9-26-69 | 11 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Carney
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2921 Knool Acres Dr.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/20/21
9. AGE (In years last birthday): 48
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Schofield
14. MOTHER'S MAIDEN NAME: Florence J. Backlock

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 215-14-4209
17. INFORMANT: Hospital records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bleeding diathesis. Pancytopenia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 d
DUE TO, OR AS A CONSEQUENCE OF:

(B) Widespread Breast Cancer — 2 m.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 1968
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 1 19 69 to September 26 19 69 that (I) (we) last saw the deceased alive on September 26 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sunthorn Malaikrie MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Sept 26, 1969
23C. PHYSICIAN'S NAME (Type): SUNTHORN MALAIKRIE M.D DEGREE
23D. ADDRESS: Mercy Hosp 301 St Paul Pl. Balto MD 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Waugh Chapel Cem.
24D. LOCATION (City, town, or county) (State): Hydes Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Balto, Md.
25C. FUNERAL DIRECTOR: C.F. EVANS & SON
ADDRESS: 8802 Harford road

VS 150-REV. 1/1/68

1

B-656 69 9592

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9592

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAZEL BREMER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 24, 1969 Hour 2:52 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2744 St. Paul Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1206
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2744 St. Paul Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: July 6, 1912
10. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Justice Bremer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Margaret Miller

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 215-03-4506
18. INFORMANT: Anna D. Tase ADDRESS: 4015 Fleetwood Aven. 21206

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc. ADDRESS: 6415 Belair Rd. 21206

VS 151-REV. 1/1/68

1

A-620 69 9593

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9593

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHARLENE M. AYRES

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 25 Year 1969 Hour 8:45 A.M.

3. DATE PRONOUNCED DEAD: Month September Day 25 Year 1969 Hour 8:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 919 Elton Avenue

6. SEX: Female
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 9/30/34
10. AGE (In years last birthday): 34
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes 2/14/54 – 2/18/55
17. SOCIAL SECURITY NO. 378-34-4952
18. INFORMANT: FRANK A. AYERS, JR. ADDRESS: Above

MEDICAL CERTIFICATION

19. E812.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral subdural hematoma
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 9-18-69
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Head injury
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North Point Blvd. 900' north of Merritt Blvd.

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-18-69 9:41 P.m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Driver in auto-auto collision

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.
25C. FUNERAL DIRECTOR: McCilley & E. Foot Ave
ADDRESS:

VS 151-REV. 1/1/68

N852.0

SAB-55-09-95 1

P-420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

BIRTH NO. 69 9594 REG. NO. 69 9594

1. NAME OF DECEASED (Type or Print): Peleska C James

2. DATE AND HOUR OF DEATH: 9/25/69 1:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 53-00

C. CITY OR TOWN:

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Box 73, RT 10 21219

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-22-1905

9. AGE (In years last birthday): 64

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scyrill

14. MOTHER'S MAIDEN NAME: Angilia

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-26-2861

17. INFORMANT: Records: BCH-4940 Eastern Avenue ADDRESS: 21224

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarct

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 19 69 to 9/25 19 69 that (I) (we) last saw the deceased alive on 9/25 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) did (did not) view the body after death.

23A. SIGNATURE: Judith A. Wisnieski M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/25/69.

23C. PHYSICIAN'S NAME (Type): Judith A. Wisnieski, MD DEGREE

23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-29-1969

24C. NAME of CEMETERY or CREMATORY: St Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Barber, M.D.

25C. FUNERAL DIRECTOR: WALTER DABROWSKI ADDRESS: 1005 DUNDALK AVENUE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-325 69 9595

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9595

1. NAME OF DECEASED (Type or Print): HARRY S. WATSON

2. DATE AND HOUR OF DEATH: 09-26-69 | 12:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 33rd + CALVERT st. BALTIMORE MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 903

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 712 McKEWIN AVE.

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 09-22-96

9. AGE (In years last birthday): 73

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~RETIRED~~ Electrician

10B. KIND OF BUSINESS OR INDUSTRY: Pa. Water & Power Co.

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: HARRY S. WATSON

14. MOTHER'S MAIDEN NAME: ANNA GIMMER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): War 1

16. SOCIAL SECURITY NO.: 212-01-1008A

17. INFORMANT: Carola R. Watson (Wife) Same ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 436.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CVA RIGHT EITHER THROMBOSIS OR INTER-CEREBRAL HEMORRHAGE

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 09-21 1969 to 09-26 1969, that (I) (we) last saw the deceased alive on 09-26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Evelyn P. Navarro MD (DEGREE) Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 09-26-69

23C. PHYSICIAN'S NAME (Type): EVELYN P. NAVARRO DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/29/1969

24C. NAME of CEMETERY or CREMATORY: Friends Burial Ground

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Eugenia K. Seitz ADDRESS: 5209 York Road Seitz Funeral Seitz Balto. Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-520 69 9596

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9596

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): George F. Lang

2. DATE AND HOUR OF DEATH: 9/24-1969 1.55A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3218 Keswick Road

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1305
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3218 Keswick Rd.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/17-1902
9. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Auto mobile Parts
11. BIRTHPLACE (State or foreign country): N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George F. Lang Sr.
14. MOTHER'S MAIDEN NAME: Emma Ilg

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 213-05 - 6817
17. INFORMANT: Catherine E. Lang
ADDRESS: 3218 Keswick Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 1621

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of bladder — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: one month
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) carcinoma of lung — 4 months
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-23 1967 to 9-24 1969, that (I) (we) last saw the deceased alive on 8-19 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Reuben Hoffman DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-25-69
23C. PHYSICIAN'S NAME (Type): REUBEN HOFFMAN, M.D DEGREE
23D. ADDRESS: 846 W. 36th St., Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27-69
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: O. Frank H. Seth
ADDRESS: 814 W. 36st.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-616 69 9597

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9597

1. NAME OF DECEASED (Type or Print): PURPER, Walter Leroy SR

2. DATE AND HOUR OF DEATH: 9/24/69 | 12:15 PM

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital 36 FSH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE 2553
D. STREET ADDRESS (If rural, give location): 2200 MAISEL ST. 21230

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): (M)
8. DATE OF BIRTH: 4/19/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISABILITY
10B. KIND OF BUSINESS OR INDUSTRY: Brakeman B & O R.R.
11. BIRTHPLACE (State or foreign country): MARYLAND ~~xxxxxxxxxxxxxxxxxxxxxxxx~~
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN PURPER
14. MOTHER'S MAIDEN NAME: Isabelle Wiseman ~~xxxxxxxxxxxx~~ PURPER, Md.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 218-07-0644
17. INFORMANT: FSH
ADDRESS: Mildred M. Purper 2200 Maisel St. 21230

MEDICAL CERTIFICATION

1B. 492X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) COR PULMONALE
DUE TO EMPHYSEMA

(B)
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23 19 69 to 9/24 19 69, that (I) (we) last saw the deceased alive on 9/24 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C S Ecarma MD
M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): CALVIN S. ECARMA M.D.
23D. ADDRESS: FSH Franklin Square Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

26A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
26B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ~~Funeral Home~~
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/65

1

D-140

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9598

48
99

1. NAME OF DECEASED (Type or Print): SAMUEL R. DiPAOLA

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 23,1969 10:40 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2551
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3731 Wilkens Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Dec. 30, 1920
10. AGE (In years last birthday): 48
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: (Unknown) DiPaola

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Catherine Imbergulio

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
17. SOCIAL SECURITY NO. 212-16-6587
18. INFORMANT: Lucille G. DiPaola ADDRESS: 3731 Wilkens Ave. 21229

MEDICAL CERTIFICATION

19. E966X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stab wound of back

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1416 Mt. Rotal Avenue 1401

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Sept.23,1969 10:20Pm.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Stabbed during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/24/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 29 1969
25B. NAME OF REGISTRAR: C. E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

C-200 69 9599

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9599

1. NAME OF DECEASED (Type or Print): AUBREY L. COOKE

2. DATE AND HOUR OF DEATH: SEPT. 25, 1969 6⁰⁰ A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL 52-00

C. CITY OR TOWN: PASADENA D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 362 EDGEWATER ROAD 21122

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: AUG. 15, 1905 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL BUSINESS

11. BIRTHPLACE (State or foreign country): CHARLETSUILLE, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WELFORD H. COOKE

14. MOTHER'S MAIDEN NAME: COFFEE, LENORE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-4817

17. INFORMANT: MRS. DORIS A. COOKE ADDRESS: PASADENA Md. 362 EDGEWATER RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GI HEMORRHAGE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINS

DUE TO, OR AS A CONSEQUENCE OF: ACUTE LEUKEMIA — MOS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Angelita A. Topacio DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-25-69

23C. PHYSICIAN'S NAME (Type): ANGELITA TOPACIO DEGREE

23D. ADDRESS: Maryland Gen. Hospital. Balt. Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-27-69

24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery

24D. LOCATION (City, town, or county) (State): A. A. County, Maryland.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. J-520 69 9600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9600

1. NAME OF DECEASED (Type or Print): Joynes Tabithia

2. DATE AND HOUR OF DEATH: 9/26/69 1-3 15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 Univ. Md. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto 1901
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1710 N. Carey St Balto Md

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5/8/91
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Private
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Sunkett
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-32-3467A
17. INFORMANT: Chart
ADDRESS

MEDICAL CERTIFICATION

18. 780.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coma ? etiol.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/2 19 69 to 9/26 19 69 that (I) (we) last saw the deceased alive on 9/26 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/26/69
23C. PHYSICIAN'S NAME (Type): Ernest Sears Jr. MD DEGREE
23D. ADDRESS: 22 S. Greene St. Balto Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Sutton & Wilson
ADDRESS: 1913 Balto. St.

VS 150-REV. 1/1/68

B-650 69 9601

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9601

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MR. EDWARD S. BROWN

2. DATE AND HOUR OF DEATH: Sept. 28th 1969 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO. 53-00
C. CITY OR TOWN: DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 6904 MORNINGTON RD.

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 17 JAN 09 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREFIGHTER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM J. BROWN
14. MOTHER'S MAIDEN NAME: GERTRUDE MAY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.
17. INFORMANT: MYRTLE BROWN, 6904 MORNINGTON RD. ADDRESS 21222

MEDICAL CERTIFICATION

18. 441.2

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration of Gastric Contents. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Bleeding Stress Ulcer Stomach — Over 6 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Resection of Abdominal Aorta — Aneurysm over 6 yrs duration
Chr. Bronchitis & Emphysema, Aneurysm. — For years
Old age, Impaired Level of Consciousness — Over 6 hrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: Sept. 18th 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abdominal Aortic Aneurysm.
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 14th 1969 to Sept. 28th 1969 that (I) (we) last saw the deceased alive on Sept. 28th 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Sept. 18th 1969
23C. PHYSICIAN'S NAME (Type): AHMAD FAROUK AZAM M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL 100 N. BROADWAY, BALTO., MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1 OCT 69
24C. NAME of CEMETERY or CREMATORY: PARKWOOD CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO. CO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOME ADDRESS: DUNDALK, MD.

VS 150-REV. 1/1/68

W-420 69 9602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9602

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA G. WILLIS

2. DATE AND HOUR OF DEATH: Sept. 27, 1969 | 12:50 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 903
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 705 E. 33rd St.

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 16, 1913
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Mills
14. MOTHER'S MAIDEN NAME: Virgie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Albert L. Willis, 705 E. 33rd St.
ADDRESS

MEDICAL CERTIFICATION

18. I — 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction.

DUE TO, OR AS A CONSEQUENCE OF:

Arteriosclerotic Heart Disease.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 3-27-68 19 to 9/15/69 19, that (I) (we) last saw the deceased alive on 9-15-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We) (did)~~ (did not) view the body after death. D.O.A. UNION MEMORIAL HOSP. 9/27/69

23A. SIGNATURE: Ruben Sebastian, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 12:50 PM.
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): Ruben S. Sebastian, M.D. DEGREE
23D. ADDRESS: Joppa & Old Harford Rds.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Springhill Cemetery
24D. LOCATION (City, town, or county) (State): Lynchburg, Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Lasky, M.D.
25C. FUNERAL DIRECTOR: Ulrich Funeral Home for Whitten Funeral Home, Lynchburg, Va.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-500 69 9603 X REG. NO. 69 9603

1. NAME OF DECEASED (Type or Print): JOSEPH EDWARD LYON

2. DATE AND HOUR OF DEATH: 9-28-69 3.10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: CANADA
B. COUNTY: NIAGARA FALLS V-50
C. CITY OR TOWN: ONTARIO
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1136 STANFORD STREET

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-7-14
9. AGE (In years last birthday): 55
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: JONATHAN LYON
14. MOTHER'S MAIDEN NAME: MARY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Joseph Lyon
ADDRESS: same

JONATHAN LYON

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 438.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: RESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) CEREBRAL EDEMA, UNCAL HERNIATION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) INTERNAL CAROTID OCCLUSION — 3 DAYS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/25 1969 to 9/28 1969, that (I) (we) last saw the deceased alive on 9/28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type): MICHAEL J. PREECE M.D. DEGREE
23D. ADDRESS: 601 N. BROADWAY, BALTO.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Fairview Cemetery
24D. LOCATION (City, town, or county) (State): Niagara Falls, Ontario, Canada

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: J. Ruck, Inc.
ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-600

BIRTH NO. 69 9604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9604

1. NAME OF DECEASED (Type or Print): MRS. TILLY GRAY

2. DATE AND HOUR OF DEATH: 9/27/69 9:03 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 902

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1507 LAKESIDE AVE.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6-23-94

9. AGE (In years last birthday): 75

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES WOMAN

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: Frederick Liebig

14. MOTHER'S MAIDEN NAME: Sophia Abler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-12-9347

17. INFORMANT: Mrs Jeannette Lucker

ADDRESS: 3216 Lyndale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchial Pneumonia Bilateral Pleural Effusion

DUE TO, OR AS A CONSEQUENCE OF: ? PULM EMBOLUS

(B) ? SEPTICEMIA, SEPTIC SHOCK

DUE TO, OR AS A CONSEQUENCE OF:

(C) INFECTED (R) LEG ULCERS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (M.M)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/30 1969 to 9/27 1969 that (I) (we) last saw the deceased alive on 9/30 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey B Sher MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/27/69

23C. PHYSICIAN'S NAME (Type): HARVEY B. SHER MD DEGREE

23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/2/69

24C. NAME of CEMETERY or CREMATORY: BALTIMORE

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

26C. FUNERAL DIRECTOR: Leonard Buck Inc. ADDRESS: Baltimore, Maryland BUCK'S - HARFORD ROAD

VS 150-REV. 1/1/68

S-530 69 9605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9605

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ruth E. Smith

2. DATE AND HOUR OF DEATH: 09-26-69 | 2:04 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 903
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 741 Melville Ave

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 07-29-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lucus Lapough
14. MOTHER'S MAIDEN NAME: Emma Bryant
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-1344
17. INFORMANT: ~~xxxxxxxxxxxxxx~~ Mr William S Smith
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: acute myocardial insufficiency
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: D. H.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-25 1969 to 9-26 1969 that (I) (we) last saw the deceased alive on 9-25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Capeda M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 26 Sept. 69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: The Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/69
24C. NAME of CEMETERY or CREMATORY: ~~xxxxx~~ Dulaney Valley
24D. LOCATION (City, town, or county) (State): ~~xxxxxxxxxxxx~~ Baltimore Md. Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Rudk Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9606

BIRTH NO. H-460 69 9606

CERTIFICATE AMENDED 3/29/71

1. NAME OF DECEASED (Type or Print): ~~Anna~~ Elsie XXX HELLER

2. DATE AND HOUR OF DEATH: Sept. 28, 1969 9:45 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1917 E. Belvedere Avenue

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2758
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1917 E. Belvedere Ave.

5. SEX: female
6. RACE: caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 31, 1900
9. AGE (In years last birthday): 69
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ludwig Keichenmeister
14. MOTHER'S MAIDEN NAME: Marie Husted

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-4618
17. INFORMANT: Mr. Henry Erck Heller, 1917 E. Belvedere Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan. 1969 to Sept 23 1969, that (I) (we) last saw the deceased alive on Sept 23 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles C MacMinn MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept 29. 1969
23C. PHYSICIAN'S NAME (Type): Dr. Charles C. MacMinn DEGREE
23D. ADDRESS: 2900 E. Baltimore St., Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Oaklawn
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: Leonard J. Rick, Inc. - Baltimore, Md. ADDRESS -14

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3/29/11 - Bapt. Cert. from Reformed Luth. Church. Bapt.
4/1901 ON ELSIE KEICHENHEISTER. Jffc.

S-162 69 9607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9607

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ELMIRA L. SPRIGGS

2. DATE AND HOUR OF DEATH: 9-24-1969 | 8:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2809 MOHAWK AVE. BALTIMORE MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2833
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2809 MOHAWK AVE.

5. SEX: Female
6. RACE: Colored
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] Separated
8. DATE OF BIRTH: 10-5-02
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Peter Clark
14. MOTHER'S MAIDEN NAME: Nancy Hendricks
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-20-8880
17. INFORMANT: Hendricks Clark
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Uremia	4 years
DUE TO, OR AS A CONSEQUENCE OF: (B)	Kimmelstiel-Wilson Syndrome	6 years
DUE TO, OR AS A CONSEQUENCE OF: (C)	Diabetes Mellitus	22 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): None
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 1962 to September 24 1969, that (I) (~~we~~) last saw the deceased alive on 9/17 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: L. Mynton Gaines Jr. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type): L. Mynton Gaines Jr. DEGREE
23D. ADDRESS: 7800 York Rd. - Towson, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/27/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Foster, M.D.
25C. FUNERAL DIRECTOR: Byington S. Phillips
ADDRESS: 1927 N. Monroe

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-300 69 9608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9608

1. NAME OF DECEASED (Type or Print): JOSEPH B. WHITE

2. DATE AND HOUR OF DEATH: 9/27/1969 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4/8 ST. AGNES HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Lansdowne D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 3205 Tartarian Court.

5. SEX: M 6. RACE: W. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/8/1907 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): watchman

10B. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? White

14. MOTHER'S MAIDEN NAME: Anna Hahman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT: Ruth E. White ADDRESS: 3205 Tartarian Court

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Old Coronary Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-8 1968 to 9-27 1969, that (I) (we) last saw the deceased alive on 8-11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-29-69

23C. PHYSICIAN'S NAME (Type): Ewalds H. Weiss DEGREE:

23D. ADDRESS: 615 Hammondy Lane - Balto - 21225

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/1/69 24C. NAME of CEMETERY or CREMATORY: Balto. National Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969 25B. NAME OF REGISTRAR: Robert E. Gaither, M.D. 25C. FUNERAL DIRECTOR: John J. Cowan, Sr. Inc. ADDRESS: 901 Hollins St. Balto. Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Z-460 69 9609

REG. NO. 69 9609

1. NAME OF DECEASED (Type or Print): ZELLER, MARGARET M.C.

2. DATE AND HOUR OF DEATH: 9-27-69 8:50 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BOLTON HILL NURSING CENTER

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 21213 2633

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3115 Brendan Ave.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 5-4-84

9. AGE (In years last birthday): 85

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Opr.

10B. KIND OF BUSINESS OR INDUSTRY: Monumental Life Ins.

11. BIRTHPLACE (State or foreign country): Midland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cavanaugh

14. MOTHER'S MAIDEN NAME: Catherine

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-7995

17. INFORMANT: ADMISSION RECORD

ADDRESS

CAUSE OF DEATH

18. 4121

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: myocardial infarction	7/22/69
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Hypertensive C.V. disease	years
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	arteriosclerosis years	years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14 1969 to 9/27 1969, that (I) (we) last saw the deceased alive on 9/27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan Macht DEGREE

Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐

23B. DATE SIGNED: 9/27/69

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2. E. Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/30/69

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

9 0 0 0

25C. FUNERAL DIRECTOR: Schmunk Funeral Home

ADDRESS: 3331 Brehms La

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-600 69 9610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9610

1. NAME OF DECEASED (Type or Print): LOUISE CURRY

2. DATE AND HOUR OF DEATH: 10PM 9/10/69. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTIMORE 1304
C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2200 Bryant Ave.

5. SEX: F 6. RACE: N. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 9-7-01 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 217-07-7992 17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I 1B. 430.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C V A.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/13/69 19 to 9/10/69 19, that (I) (we) last saw the deceased alive on 9/10 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kyi Lwin DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 9/10/69.

23C. PHYSICIAN'S NAME (Type): KYI KYI LWIN DEGREE 23D. ADDRESS: Lutheran Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 9-16-69 24C. NAME of CEMETERY or CREMATORY: Lincoln Memorial Cmt 24D. LOCATION (City, town, or county) (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969 25B. NAME OF REGISTRAR: Chas E. Talley, MD 25C. FUNERAL DIRECTOR: CORNISH & CORNISH ADDRESS: 2121-10 St NW WASH, D.C. 20001

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-220 69 9611

REG. NO. 69 9611

1. NAME OF DECEASED (Type or Print): Harrison Lucas

2. DATE AND HOUR OF DEATH: 9-26-69 1:50 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1301

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2507 Madison Avenue

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-11-89

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henderson Lucas

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-09-5841

17. INFORMANT: Alease Lucas- Wife

ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 498X 785X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9-19-69

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Emphysema — 9-26-69

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cancer of the Prostate Gland

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 19, 1969 to September 26, 1969 that (I) (we) last saw the deceased alive on September 26, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Corpuz M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-26-69

23C. PHYSICIAN'S NAME (Type): Raymundo R. Corpuz M.D. DEGREE

23D. ADDRESS: 1514 Division Street Balto., Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: Church Cemetery

24D. LOCATION (City, town, or county) (State): Burgess, Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Fisher M.D.

25C. FUNERAL DIRECTOR: W.R. Bailey

ADDRESS: Nelson F.H. 1348 Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-620 69 9612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9612

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRIS, LEO

2. DATE AND HOUR OF DEATH: 9-28-69 | 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Key Circle Hospital 1214 Eutaw Place - Balto 21217.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 1514 B. COUNTY: Traction st 1303
C. CITY OR TOWN: Balto Md.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1514 TRACTION ST.

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-5-23
9. AGE (In years last birthday): 46
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Harris
14. MOTHER'S MAIDEN NAME: Hattie Tallforo

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-10-7703
17. INFORMANT: HATTIE HARRIS - SAME
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) metastatic cancer — 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(C) Sq. cell cancer of the penis — 3 yrs

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9-19 1969 to 9-28 1969, that (I) (~~we~~) last saw the deceased alive on 9-26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Rigler DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 9-28-69
23C. PHYSICIAN'S NAME (Type): RICHARD R. RIGLER, M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: MT. AUBURN CEM.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Tabery M.D. 9000
25C. FUNERAL DIRECTOR: L. R. BAILEY REESON F.H.
ADDRESS: 1342 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-460 69 9613 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9613

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Thomas Taylor Jr.

2. DATE OF DEATH: Known [X] Estimated [ ] Month 9 Day 28 Year 69 Hour 12:30 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 28 Year 69 Hour 12:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1301

6. SEX: male
7. RACE: colored
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-23-1946
10. AGE (In years last birthday): 23
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2420 Lakeview Ave.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Tyalor Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY: Nat'l. Fence Co.
15. MOTHER'S MAIDEN NAME: Louise Crawford

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO. 212484529
18. INFORMANT: Dell Taylor ADDRESS: 2420 Lakeview Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of face
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Winchester and Whatcoat Sts. 1602

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 28 (Year) 69 (Hour) 12:15 a.m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [x]
22F. HOW DID INJURY OCCUR? shot during altercation

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 9/28/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Jaeberg M.D.
25C. FUNERAL DIRECTOR: Kelson, F.H. ADDRESS: V.R. Bailey 1348 Calhoun Street

VS 151 REV. 1/1/68

N 82318

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R-152 69 9614

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9614

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JERRY A. ROBINSON

2. DATE OF DEATH — Known [X] Estimated [ ] — Month / Day / Year: September 21, 1969 — Hour: M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Franklin Square Hospital (DOA)

36/99

3. DATE PRONOUNCED DEAD — Month / Day / Year: September 21, 1969 — Hour: 3:18 A.M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 15 11

6. SEX: Male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 12-30-51

10. AGE (In years last birthday): 17 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 3800 Calloway ~~Avenue~~ Ave.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Will Robinson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Beatrice Chessom

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 215487851

18. INFORMANT: Beatrice Robinson — ADDRESS: 3800 Calloway

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): house

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 233 N. Carey Street 1802

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-21-69 3:00 A.m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Shot by unknown assailant

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: September 21, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-26-69

24C. NAME of CEMETERY or CREMATORY: Mt. Calvery Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Kelson F.H. V. Bailey — ADDRESS: 1348 Calhoun St.

95900 8 0 0

VS 151-REV. 1/1/68

N873.1

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D-262 69 9615 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9615

BIRTH NO.

39/99

1. NAME OF DECEASED (Type or Print): ALBERTA DICKERSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 23,1969 Hour 11:56 A.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1601
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1151 N. Carey Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 7-17-09
10. AGE (In years last birthday): 60 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oscar Owings

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Julia Woods

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 220-30-2135
18. INFORMANT: Leffie Jones ADDRESS: 1459 Carey St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.4 Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/24/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Jackey
25C. FUNERAL DIRECTOR: V. Bailey ADDRESS: Kelson E.H. 1348 Calhoun Street

VS 151-REV. 1/1/68

55-15-61 IT

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-400 69 9616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9616

1. NAME OF DECEASED (Type or Print): Myrtle N. Scull — Scull, Myrtle.

2. DATE AND HOUR OF DEATH: 9/29/69 5:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND #21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: Sparrows Point
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1018 F Street #21219

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-6-96
9. AGE (In years last birthday): 72 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM DOWELL
14. MOTHER'S MAIDEN NAME: GRACE Wooden
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 213-09-2610B
17. INFORMANT: RECORDS — ADDRESS: BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE #21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/21 1969 to 9/29 1969 that (I) (we) last saw the deceased alive on 9/29 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Judith A. Wisneski M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): JUDITH A WISNESKI M.D. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS, 4940 Eastern avenue #21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-500 69 9617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9617

1. NAME OF DECEASED (Type or Print): Mary A. Bena

2. DATE AND HOUR OF DEATH: Sept. 28, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 6818 Boston Ave. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2646
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6818 Boston Ave.

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/26/93
9. AGE (In years last birthday): 76
If Under 1 Yr. Months Days Hours Min.
If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Sisulak
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. John P. Bena, 6818 Boston Ave. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9 / 420.9

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1955 19 to 8/21 1969, that (I) (~~we~~) last saw the deceased alive on 8/21 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Lester Lebo M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): Lester Lebo M. D. DEGREE
23D. ADDRESS: 719 Medical Arts Building, Baltimore Place, Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Lyons M.D.
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

S-322 69 9618

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9618

CERTIFICATE AMENDED 10-7-69

1. NAME OF DECEASED (Type or Print): Veronica Stasiak

2. DATE AND HOUR OF DEATH: Sept. 27, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3819 White Ave. Baltimore, Md. 21206

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2734
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3819 White Ave.

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: ~~1/15/83~~ Jan. 11, 1886 9. AGE (In years last birthday): 83 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland 12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: George Palmowski 14. MOTHER'S MAIDEN NAME: Katherine ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-9672A

17. INFORMANT: (Son) Mr. Adam J. Stasiak, ADDRESS: 3819 White Ave. Balto. Md. 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Cardio Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 27 1969 to Sept. 27, 1969, that (I) (we) last saw the deceased alive on Sept. 26, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Andrew Kunkowski, DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): Andrew Kunkowski M. D. DEGREE 23D. ADDRESS: 2529 Eastern Ave. Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/30/69 24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 2829 Hudson St. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Birth Certificate from Poland
10-7-69 M.H.

1

M-532 69 9619

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9619

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EFTIA MONOUYDAS

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 24 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 24 Year 1969 Hour 11:40 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6301 Brown Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2646
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6301 Brown Avenue

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. DATE OF BIRTH: 4-18-95
10. AGE (In years last birthday): 74
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Kostas Georgaroudis

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: --
15. MOTHER'S MAIDEN NAME: Argiro Yacuma

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 212-18-7902
18. INFORMANT: Gus Monouydas ADDRESS: 6301 Brown Ave., Baltimore, Md.

MEDICAL CERTIFICATION

19. 7124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-27-69
24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave., Baltimore, Md.

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VS 151-REV. 1/1/68

1

H-400 69 9620

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9620

BIRTH NO 6944319

43/99

1. NAME OF DECEASED (Type or Print): LAURA L. HALEY

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: September; Day: 25; Year: 1969; Hour: M.

3. DATE PRONOUNCED DEAD — Month: September; Day: 25; Year: 1969; Hour: 12:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
(DOA)
South Baltimore General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2505
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3808 Pascal Street

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Aug. 11, 1969
10. AGE (In years last birthday): 7 weeks
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Haley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
14B. KIND OF BUSINESS OR INDUSTRY: X
15. MOTHER'S MAIDEN NAME: Gail (Seward)

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: James Haley — ADDRESS: same as # 4

MEDICAL CERTIFICATION

19. 795X I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Louden Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Kelley, M.D.
25C. FUNERAL DIRECTOR: McCully — ADDRESS: 130 E. Fort Ave Balto. Md. 21230

9 5 9 0 0 0 8 6 8 6

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-425 69 9621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9621

1. NAME OF DECEASED (Type or Print): OLSEN GUNNER

2. DATE AND HOUR OF DEATH: 9/28/69 10:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON SECOURS HOSPITAL
34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~1200 Greystone Rd~~ B. COUNTY: MARYLAND
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐ 903
E. STREET AND NUMBER: 1200 GREY STONE ROAD.

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 5/9/02 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WORK IN NURSERY LANDSCAPING 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): DENMARK 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: HANS OLSEN 14. MOTHER'S MAIDEN NAME: MADSEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 093-05-8769 17. INFORMANT: Lisette E Olsen ADDRESS: Same as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 433.9

(A) IMMEDIATE CAUSE: Infarction of cerebellum — 3 wks.
DUE TO, OR AS A CONSEQUENCE OF: st cerebellar hemisphere
(B) Cerebral arteriosclerosis, advanced — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/27/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Progressive Coma 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20 1969 to 9/28 1969 that (I) (we) last saw the deceased alive on 9/28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lope T. Villa Jr. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 9/28/69

23C. PHYSICIAN'S NAME (Type): LOPE T. VILLA JR. DEGREE 23D. ADDRESS: BON SECOURS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION 24B. DATE: 9-29-69 24C. NAME of CEMETERY or ~~CREMATORY~~: Greenmount 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969 25B. NAME OF REGISTRAR: Robert E. Tauber, M.D. 25C. FUNERAL DIRECTOR: Wm. Carl Brooks West ADDRESS: Balto Md

VS 150-REV. 1/1/68

K-520 69 9622

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9622

1. NAME OF DECEASED (Type or Print): KING, BENJAMIN Harrison

2. DATE AND HOUR OF DEATH: 9-27-69 0435 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Talbot 7000
C. CITY OR TOWN: Bellevue
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER:

5. SEX: M
6. RACE: N B
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 28, 1889
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James H King
14. MOTHER'S MAIDEN NAME: Nancy Brown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Royal Oak Post Office
ADDRESS: Nettie King, Bellevue, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

436.9 + 199.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): CARCINOMATOSIS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-8- 1969 to 9-27 1969 that (I) (we) last saw the deceased alive on 9-27-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: RAFAEL LEVITES, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): RAFAEL LEVITES, M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Richards
24D. LOCATION (City, town, or county) (State): Easton Talbot Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: J. B. Dashiell Funeral Home 426 Dover S
ADDRESS: Barbara L. Dashiell Easton, Md. 21601

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-520 69 9623

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9623

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Michael J. Tomko

2. DATE AND HOUR OF DEATH: Sept. 27, 1969 | 7:45 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): OO 2525 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 103

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2525 Eastern Avenue

5. SEX: Male 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 12, 1890 9. AGE (In years last birthday): 79 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B. KIND OF BUSINESS OR INDUSTRY: Bank Guard

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Tomko

14. MOTHER'S MAIDEN NAME: Mary Tutko

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 220 14 4809

17. INFORMANT: Pauline Pavuk ADDRESS: 353 S. Drew Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive Cardio-Vascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan. 1969 to Sept 27, 1969, that (I) (we) last saw the deceased alive on Sept. 26, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Andrew Kunkowski, M. D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): Andrew Kunkowski DEGREE

23D. ADDRESS: 2529 Eastern Ave 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-1-69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Fahey M.D.

25C. FUNERAL DIRECTOR: Philip J. Creech ADDRESS: 1211 Chesaco Avenue

VS 150-REV. 1/1/68

F-326 69 9624

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9624

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CLAIRE IVEY FITZER

2. DATE AND HOUR OF DEATH: 25 Sept 69 | 3.45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BON SECOUR HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~BALTO~~, MD.
B. COUNTY: 2002
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 17 N. Wheeler Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-31-09
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Hertz Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT Wardell
14. MOTHER'S MAIDEN NAME: Hester Hoffman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-07-0635
17. INFORMANT: Balto. Md. 21223
ADDRESS: Mr. Henry J. Fitzer 17 N. Wheeler Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 174X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hyperpyrexia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Status Epilepticus
DUE TO, OR AS A CONSEQUENCE OF:
(C) Metastasis from Breast Carcinoma.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours. / 12 months.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: Sept 68
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Breast Carcinoma
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 23 Sept 1969 to 25 Sept 1969 that (I) (~~we~~) last saw the deceased alive on 25 Sept 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Caulfield DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type): H. L. Caulfield DEGREE
23D. ADDRESS: Bon Secours Hospital. Balto. 21223.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 29, 1969
24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Dabney, M.D.
25C. FUNERAL DIRECTOR: Balto. Md. 21229
ADDRESS: G. Truman Schwab 3512 Frederick Ave.

VS 150-REV. 1/1/68

BIRTH NO. C-654 69 9625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9625

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Elva Lucille Carnell

2. DATE AND HOUR OF DEATH: September 26, 1969 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3041 Huntingdon Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1207
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3041 Huntingdon Ave.

5. SEX: Female
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
8. DATE OF BIRTH: Sept. 23, 1921
9. AGE (In years last birthday): 48
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Oper.
10B. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-12-3994
17. INFORMANT: Mr. Charles E. Williams ADDRESS: 3041 Huntingdon Av

MEDICAL CERTIFICATION

18. 151.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Carcinoma of stomach — 18 mos
DUE TO
(B) metastasis to
DUE TO
(C) liver & lungs & carcinoma — 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from July 4 - 69 to 9-26-69, that (I) (we) last saw the deceased alive on 9-26-69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James O. Saffell M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): James O. Saffell M.D.
23D. ADDRESS: Reisterstown, Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 29, 69
24C. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Paul E. Chenoweth ADDRESS: 3617 Chestnut Ave.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-250

BIRTH NO. 69 9626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9626

1. NAME OF DECEASED (Type or Print): Roy Jackson

2. DATE AND HOUR OF DEATH: 9/28/69 c A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So Balto Gen Hosp

43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Balto 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 62 N Twin Circle

5. SEX: Male
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec 20,1920
9. AGE (In years last birthday): 48
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Amer. Smelting
11. BIRTHPLACE (State or foreign country): So Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raleigh Jackson
14. MOTHER'S MAIDEN NAME: Nettie ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Helen Jackson
ADDRESS: 62 N Twin Circle 21227

MEDICAL CERTIFICATION

18. 571.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cord Sarcoma Circular — 10 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Surgery.

19A. DATE OF OPERATION: 07-10-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Incisional hernia, GB Dx
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard H Reed MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-28-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem Pk
24D. LOCATION (City, town, or county) (State): Glen Burnie AA Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: McCulley Funeral Homes
ADDRESS: 237 Patapsco Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-200 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9627 X

REG. NO. 69 9627

B..... NO.

1. NAME OF DECEASED (Type or Print): CLARENCE BUSSEY

2. DATE AND HOUR OF DEATH: 9/26/69 11:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE-27 D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1910 BEECHFIELD AVE

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/05/17 9. AGE (In years last birthday): 52 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector - Truck-line

10B. KIND OF BUSINESS OR INDUSTRY: Gen'l Motors

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PAUL BUSSEY

14. MOTHER'S MAIDEN NAME: Mary Blunt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 217-12-7771

17. INFORMANT: Wife - Mrs. Mettie Bussey — ADDRESS: 1910 Beechfield

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 398X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rheumatic H. D. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 yrs. +

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work ☐ Nat White At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9.16.1969 19 to 9.26. 19 69., that ~~(I)~~ (we) last saw the deceased alive on 9.26.69 19 and that ~~in (my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 9.26.1969

23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE: 23D. ADDRESS: BON-SECOURS-HOSPITAL Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/29/69 24C. NAME of CEMETERY or CREMATORY: Friendship Cemetery 24D. LOCATION (City, town, or county) (State): Severn Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969 25B. NAME OF REGISTRAR: Robert E. Jacobs M.D. 25C. FUNERAL DIRECTOR: Robert Ware ADDRESS: Singleton Funeral Home Glen Burnie md.

VS 450-REV. 1/1/68

F-436

BIRTH NO. 69 9628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9628

1. NAME OF DECEASED (Type or Print): Ethel Felder

2. DATE AND HOUR OF DEATH: 9-28-69 | 5:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2002

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2406 W. LEXINGTON STREET

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-4-19

9. AGE (In years last birthday): 50

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MANNING, SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JEREMIAH HOLLIDAY

14. MOTHER'S MAIDEN NAME: MARTHA ROBINSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-22-1255

17. INFORMANT: ELBERT FELDER

ADDRESS: 2406 W. LEXINGTON ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

180 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of the Cervix

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 15 1969 to Sept. 28 1969 that (I) (we) last saw the deceased alive on Sept 28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. G. Goss MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/28/69

23C. PHYSICIAN'S NAME (Type): J.G. GOSS M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY: Aubutus Memorial Pk.

24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: CHARLES A. PRICE

ADDRESS: 661 W. BARRE ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-520 69 9629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9629

1. NAME OF DECEASED (Type or Print): MARIE JONES

2. DATE AND HOUR OF DEATH: 9/27/69 3:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harborview Nursing and Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~1054~~ Maryland
B. COUNTY: 2101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1054 Barrie St.

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 1/14/1900
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Turner Heath.
14. MOTHER'S MAIDEN NAME: Florence Lewis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-30-3441
17. INFORMANT: Nursing Home Rec'd
ADDRESS: 1213 Light ST

MEDICAL CERTIFICATION

1B. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Aug. 69
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Cardiovascular Disease — 7 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9-11 1969 to 9-27 1969, that ~~I~~ (we) last saw the deceased alive on 9-27 1969 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. A. Gongon, M.D. (DEGREE) — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): MANUEL A. GONGON M.D. (DEGREE)
23D. ADDRESS: 1200 E. BELVEDERE AVE, BALTO, 21212

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Carver Mem PK.
24D. LOCATION (City, town, or county) (State): Laurel Md.

25A. DATE REC'D BY HEALTH DEPT: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Nabers, M.D.
29C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Baltimore St.

VS 150-REV. 1/1/68

M-521 69 9630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9630

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Margaret L. Mansfield

2. DATE AND HOUR OF DEATH: 9/29/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

44 99

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 903
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 816 E. 33rd Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: 8/9/1896
9. AGE (In years last birthday): 73
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Schoolteacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Linthicum
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-30-3472
17. INFORMANT: Mr. Arthur R. Mansfield
ADDRESS: Rye, N. Y. 75 Halstead Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
250.9	(A) IMMEDIATE CAUSE: Left ventricular failure	6 mos-
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic cardiovascular disease	years-
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Diabetes mellitus	years-

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/15 1969 to 9/27 1969, that (I) (we) last saw the deceased alive on 9/27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James R. Karns MD DEGREE
Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/30/69

23C. PHYSICIAN'S NAME (Type): Dr. James Karns DEGREE
23D. ADDRESS: edical Arts Building

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemeterym
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Witzke
ADDRESS: 4101 Edmondson Ave., 21229

VS-10 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-425 69 9631

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9631

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MALZAHN, JULIA

2. DATE AND HOUR OF DEATH: SEPTEMBER 28, 1969 | 3:42A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION
40 ST. AGNES HOSPITAL
WILKENS AVENUE & CATON AVE.
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND — B. COUNTY: Balto 21207 5300
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5920 ST. MARY'S STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-15-96
9. AGE (In years last birthday): 72 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REGISTERED NURSE
10B. KIND OF BUSINESS OR INDUSTRY: NURSING
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: JOHN HALLISSY
14. MOTHER'S MAIDEN NAME: IRENE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BALTIMORE, MD. 21229 — ADDRESS: ST. AGNES HOSP. RECORDS-WILKENS & CATO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Anterioseptal MI
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ☒ (this hospital) attended the deceased from 09-28-69 19 to 09-28-69 19 that ☒ (we) last saw the deceased alive on SEPTEMBER 28 19 69 and that ☒ (our) opinion death occurred on the date and hour and from the causes stated above. ☒ (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bishaw-Ebrahim MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 09-28-69
23C. PHYSICIAN'S NAME (Type): B EBRAHIM, M.D. DEGREE
23D. ADDRESS: BALTIMORE, MD 21229 ST. AGNES HOSP; CATON & WILKEN AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Wittke, 1630 Edmondson Ave., Catonsville — ADDRESS

VS 150-REV. 1/1/68

M-240 69 9632

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9632

1. NAME OF DECEASED (Type or Print): Musella, Salvatore L

2. DATE AND HOUR OF DEATH: Sept. 27, 1969 3:17 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital Caton & WIlkens Ave.

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: Maryland, Baltimore 5300

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1519 Ingleside Ave. 21207

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/21/14

9. AGE (In years last birthday): 54

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10B. KIND OF BUSINESS OR INDUSTRY: Dover Poultry

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raphael Musella

14. MOTHER'S MAIDEN NAME: Arena Papagorge

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-6649

17. INFORMANT: Mrs. Salvatore Musella, ADDRESS 1519 Ingleside Av Balto. Md. 21207

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic shock. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO, OR AS A CONSEQUENCE OF

(B) Myocardial Infarction — minutes

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 27 1969 to Sept 27 1969 that (I) (we) last saw the deceased alive on Sept 27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bizhahan - Ebrahimy M. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): Bizhahan Ebrahimy DEGREE

23D. ADDRESS: St. Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/1/69

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Witzke Catonsville, ADDRESS 1630 Edmondson Av.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-325 69 9633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9633

1. NAME OF DECEASED (Type or Print): Nellie Viola Hutchinson

2. DATE AND HOUR OF DEATH: 9/28/69 12 Noon

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3237 Phelps Lane

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2006
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3237 Phelps Lane

5. SEX: Female
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7-24-1884
9. AGE (In years last birthday): 85
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: Nellie Stevenson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Hilda M. Isaac ADDRESS: 3237 Phelps Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Disseminated Cancer Breast — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B)
DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 1965 to Sept. 28, 69 19, that (I) (we) last saw the deceased alive on Sept. 28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Morris B. Schreiber DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): MORRIS B. SCHREIBER M.D. DEGREE
23D. ADDRESS: 1519 W. Pratt St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cem.
24D. LOCATION (City, town, or county): Balto. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Tasker M.D.
25C. FUNERAL DIRECTOR: George H. Schwab ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

A625

U-252 69 9634

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9634

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): William Ugens (Arugunes)

2. DATE AND HOUR OF DEATH: 9/25/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 901

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 704 Cator Avenue

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/7/1888

9. AGE (In years last birthday): 81

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Government

10B. KIND OF BUSINESS OR INDUSTRY: Navy Dept.

11. BIRTHPLACE (State or foreign country): Saluda, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Ugens

14. MOTHER'S MAIDEN NAME: Emma Kenner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 10/2/18-5/3/19

16. SOCIAL SECURITY NO.: 231-10-8610

17. INFORMANT: VA Hospital Records ADDRESS: 3900 Loch Raven Blvd. Balto., Md 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 157.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of stomach with extensive metastasis

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonia due to aspiration of gastric contents

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 21st 19 69 to September 25th 19 69, that (I) (we) last saw the deceased alive on September 25th 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald Hooker DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): DONALD H. HOOKER, M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: Herbert E. Nutter ADDRESS: 3035 W. North Ave

VS 150-REV. 1/1/68

H-325 69 9635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9635

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GARFIELD HUDSON

2. DATE AND HOUR OF DEATH: 9-21-69 10:30 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1604
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 814 N. PAYSON STREET

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-3-1893
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE
10B. KIND OF BUSINESS OR INDUSTRY: PVT SCHOOL
11. BIRTHPLACE (State or foreign country): NORFOLK, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT HUDSON
14. MOTHER'S MAIDEN NAME: OCTAVIA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 212-22-1170
17. INFORMANT: LOUISE HUDSON ADDRESS: 814 N. PAYSON STREET

MEDICAL CERTIFICATION

18. 412.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE Coronary Artery	3 hrs.
DUE TO, OR AS A CONSEQUENCE OF: Insufficiciency	
ASHD with Congestive Failure	1 wk.
(B) DUE TO, OR AS A CONSEQUENCE OF:	
(C)	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/71 19 61 to 9/20 19 69, that (I) (we) last saw the deceased alive on 9/20 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Preston Grant DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/23/69
23C. PHYSICIAN'S NAME (Type): J. PRESTON GRANT MD DEGREE
23D. ADDRESS: 601 N. CARROLLTON AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL CEM
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: HERBERT E. NUTTER ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-4251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9636 REG. NO. 69 9636

1. NAME OF DECEASED (Type or Print) (Virginia) Ann Nelson

2. DATE AND HOUR OF DEATH 9/27/69 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1702
C. CITY OR TOWN: Balt D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1214 Eutaw Pl

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 1/1/23 9. AGE (In years last birthday): 46 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10B. KIND OF BUSINESS OR INDUSTRY: Rooming House
11. BIRTHPLACE (State or foreign country): Md, Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harvey Nelson Sr.
14. MOTHER'S MAIDEN NAME: Harriet Brown.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. William Nelson, Jr. ADDRESS: 5313 Liberty Hts

MEDICAL CERTIFICATION

CAUSE OF DEATH

I. 250.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Do he determined at autopsy

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post cardiac arrest — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetic hypoglycemia — 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Uremia 2° to Diabetes, months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/24 1969 to 9/27/69 19 that (I) (we) last saw the deceased alive on 9/27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M Tranes MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): Michael Tronco DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyett F. H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1
S-452

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9637 REG. NO. 69 9637

1. NAME OF DECEASED (Type or Print): (Marcell) Marcel Swilling

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 26 Year: 69 Hour: 8:11 p. M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 26 Year: 69 Hour: 8:11 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 33 Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1722 N. Port St.

6. SEX: male
7. RACE: colored
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 3-24-1944
10. AGE (In years last birthday): 25
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Hart Co., Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Swilling

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Lumber Co.
15. MOTHER'S MAIDEN NAME: N/A

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr. Matthew Swilling ADDRESS: 2505 Tupelo St. Georgia

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E 966 X

(A) IMMEDIATE CAUSE: Stab wound of chest
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1722 N. Port St. 802

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 26 (Year) 69 (Hour) 7:43 pm.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? stabbed during altercation

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 9/27/69

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Holley Springs Ch. Cem.
24D. LOCATION (City, town, or county) (State): Hartwell, Georgia

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

S-530 1

BALTIMORE CITY HEALTH DEPARTMENT

69 9638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9638

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print) LEONARD SMITH	2. DATE OF DEATH Known [XX] Estimated [ ] Month 9 Day 28 Year 69 Hour 9:35 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital D.O.A.	3. DATE PRONOUNCED DEAD Month September Day 28 Year 1969 Hour 9:35 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1604
6. SEX Male / 7. RACE Negro / 8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN Balto. / D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH 1-18-1922 / 10. AGE (In years last birthday) 47 / If Under 1 Yr. Months Days / If Under 24 Hrs. Hours Min.	E. STREET AND NUMBER 620 N. Fulton Ave.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland / 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Unk.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver / 14B. KIND OF BUSINESS OR INDUSTRY Silber's Bakery	15. MOTHER'S MAIDEN NAME Myrtine Smith
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. / (If yes, give war or dates of service) / 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs. Alean Smith / ADDRESS 620 N. Fulton Ave.

MEDICAL CERTIFICATION

19. 537.8

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty metamorphosis of the liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) YES
22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [XX]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Russell S. Fisher, M.D.

DATE SIGNED 9/29/69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 10-2-69	24C. NAME of CEMETERY or CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. SEP 30 1969	25B. NAME OF REGISTRAR Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR MORTON & DYETT F.H.	ADDRESS 1701 Laurens St.

VS 151-REV. 1/1/68

C-632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9639 REG. NO. 69 9639

1. NAME OF DECEASED (Type or Print): CURTIS, Newton Haywood Jr.

2. DATE AND HOUR OF DEATH: 9-28-69 1:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1303
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2412 Francis Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-8-26
9. AGE (In years last birthday): 42
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Layer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Newton H. Curtis Sr.
14. MOTHER'S MAIDEN NAME: Margaret Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 8-3-45 to 8-23-46
16. SOCIAL SECURITY NO.: 217-20-14-73
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 1928 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Carcinoma of the Liver
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [X] (this hospital) attended the deceased from September 23, 1969 to September 28, 1969, that [X] (we) last saw the deceased alive on September 28 1969 and that in [X] (my) (our) opinion death occurred on the date and hour and from the causes stated above. [X] (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Jewell MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 28 Sept '69
23C. PHYSICIAN'S NAME (Type): GWENDOLYN JEWELL MD DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Falby, M.D.
25C. FUNERAL DIRECTOR: NORTON & BYETT F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-2001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9640 REG. NO. 69 9640

1. NAME OF DECEASED (Type or Print): LILLIAN (LILLIE) LEWIS

2. DATE AND HOUR OF DEATH: Sept. 25, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1622 Delano Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1501

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1622 Delano ~~Court~~ Court

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11-5-1894

9. AGE (In years last birthday): 74

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Harry Lewis

ADDRESS: 2735 Gwynns Fall Pk way

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Coronary occlusion — Sudden

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cardiac Vascular Disease — 7 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan. 14 1963 to Sept. 25 1969, that (I) ~~(we)~~ last saw the deceased alive on Sept. 24 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: William H Watts MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-29-69

23C. PHYSICIAN'S NAME (Type): William H Watts MD DEGREE

23D. ADDRESS: 515 N Arlington Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Fahey M.D.

25C. FUNERAL DIRECTOR: MORTON & BYETT F.H.

ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

LILLIAN (LILLIE) LEWIS Sept. 25, 1969

Maryland

Baltimore

1622 Delano Court 1622 Delano ~~XXXX~~ Court

Female Negro x 11-5-1894 74

Housewife Home West Virginia

Unk. Unk.

Mr. Harry Lewis 2735 Gwynn

Aunt to Lorenzo Lewis 5-

Cora Alice Vasser to Rosa Lee 7

43 Sept-25

9-25-69

d

5-5201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9641

REG. NO. 69 9641

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MR WILLIE Jones (William)

2. DATE AND HOUR OF DEATH: 9-28-69 | 7 40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 322 N Pulaski ST 2002
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: SAME AS ABOVE.

5. SEX: M
6. RACE: C
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 02-08-00
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): NORTH Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIE Jones Sr
14. MOTHER'S MAIDEN NAME: VIRginia Spruell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-4029
17. INFORMANT: Mrs. Emily Jones
ADDRESS: 322 N. Pulaski St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart attack ? — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) Mediastinal mass. — 1st month

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9.9.69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Good
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [✓]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8-25-69 19 69 to 9-28 19 69, that (I) (we) last saw the deceased alive on 9-28 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yuyadu K. Voroublin M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9.28.69.
23C. PHYSICIAN'S NAME (Type): Dr. Hopkins (3) DEGREE
23D. ADDRESS: Bon Secours Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Foster, M.D.
25C. FUNERAL DIRECTOR: Norton C. Dyett F.H.
ADDRESS: 1701 Laurens St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-652 69 9642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9642

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NELLIE A. BYRNES

2. DATE AND HOUR OF DEATH: 29 SEPT 1969 | 10 55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1 EAST UNIVERSITY PARKWAY BALTIMORE, MD. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: — 12.02

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1 EAST UNIVERSITY PARKWAY

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 12 AUG 1884 9. AGE (In years last birthday): 85 If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE — SCHOOL TEACHER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES H. GARTON

14. MOTHER'S MAIDEN NAME: EMILY A. PENNINGTON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-44-1982T

17. INFORMANT: JAMES PENNINGTON ADDRESS: SEVERNA PARK Md. 21146

MEDICAL CERTIFICATION

CAUSE OF DEATH

I. 4.12.41 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE — 1 YEAR ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CEREBRAL ARTERIAL DISEASE — 5 YEARS

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7 NOVEMBER 19 68 to 29 SEPT 19 69, that (I) (~~we~~) last saw the deceased alive on 29 SEPT 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 30 Sept 69

23C. PHYSICIAN'S NAME (Type): J. DIXON HILLS M.D. DEGREE

23D. ADDRESS: 3501 ST PAUL ST BALTIMORE, MD 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/2/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd Balto., Md. 21212

VS-50 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. I-510 69 9643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9643

1. NAME OF DECEASED (Type or Print): IMHOFF, EVELYN GLADYS

2. DATE AND HOUR OF DEATH: SEPTEMBER 29, 1969 2:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL, CATON & WILKENS AVENUES, BALTIMORE, MARYLAND 21229
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 21227 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 4700 GATEWAY TERRACE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03/31/07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM H HUTTON
14. MOTHER'S MAIDEN NAME: KATHERINE ECKERT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 214-22-0143
17. INFORMANT: ST AGNES HOSPITAL'S RECORDS
ADDRESS: CATON & WILKENS AVE BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

560.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASPIRATION PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) INTESTINAL OBSTRUCTION
DUE TO, OR AS A CONSEQUENCE OF:
(C) OBSTRUCTION DUE TO ADHESIVE BANDS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CARDIOVASCULAR DISEASE, SENILITY.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~XXXXXX~~) attended the deceased from SEPTEMBER 21 1969 to SEPTEMBER 29 1969 that (I) (~~XX~~) last saw the deceased alive on SEPTEMBER 29 1969 and that in (my) (~~XX~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~XX~~) (did) (~~XX~~) (~~XX~~) view the body after death.

23A. SIGNATURE: Wenifredo Iglesia M.D DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): WENIFREDO IGLESIA, M.D DEGREE
23D. ADDRESS: ST AGNES MEDICAL BUILDING WILKENS & PINE HEIGHTS, BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Hwy. Anne Arundel Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-200 69 9644

REG. NO. 69 9644

1. NAME OF DECEASED (Type or Print): ALBERT RAUSCH

2. DATE AND HOUR OF DEATH: 9/26/69 @ 11 00 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON SECOUR HOSPITAL BALTO. ST., BALTO., MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND.
B. COUNTY: 2005
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2227 CHRISTIAN ST. BALTO., MD. 21223

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-4-13
9. AGE (In years last birthday): 55 ~~XXXX~~
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STAMPER
10B. KIND OF BUSINESS OR INDUSTRY: ALBRECHT BOOK.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GEORGE RAUSCH
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXX~~ Annie Ruley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-05-1064
17. INFORMANT: Mrs. Catherine E. Rausch, ADDRESS: 2227 Christian St.

MEDICAL CERTIFICATION

1B. 410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD. — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 21. 1969 to Sept. 26 1969, that (I) (we) last saw the deceased alive on Sept. 26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Agustin del Campo MD (DEGREE) — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept. 26 - 1969
23C. PHYSICIAN'S NAME (Type): AGUSTIN del CAMPO MD (DEGREE)
23D. ADDRESS: Bon Secours Hosp. Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-1969
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Sullivan
25C. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 4107 Wilkens Ave. 2122

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-623 69 9645

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9645

1. NAME OF DECEASED (Type or Print): Margaret F. Wrightson

2. DATE AND HOUR OF DEATH: Sept.27,1969 10:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hood Convalescent Home, Inc. 5313 Edmondson Ave. Baltimore, Maryland 21229

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Anne Arundel 5200

C. CITY OR TOWN: ~~Riveria~~ RIVIERA Beach

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 184 Meadow Road

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Aug. 18, 1887

9. AGE (In years last birthday): 82

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Homer Wrightson~~ Unknown

14. MOTHER'S MAIDEN NAME: Ann (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-10-1831

17. INFORMANT: Mr. Homer Wrightson, 19 Magnolia Avenue ADDRESS 21061

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4/23

(A) IMMEDIATE CAUSE: C.V.A. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) A S H D — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Several Decubitus Ulcers — Months

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/28/69 19 to 9/27 19 69, that (I) (we) last saw the deceased alive on 9/27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Adnan Sonmez MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Sept. 27, 1969

23C. PHYSICIAN'S NAME (Type): Adnan Sonmez, M.D. DEGREE

23D. ADDRESS: 1011 Frederick Rd. Baltimore, Maryland 21228

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-30-1969

24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS 4107 Wilkens Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-412 69 9646 REG. NO. X 69 9646

1. NAME OF DECEASED (Type or Print): PAUL C. HELBIG

2. DATE AND HOUR OF DEATH: September 27, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: St. Agnes Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Wilkens & Caton Avenue

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Halethorpe D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4712 Washington Blvd.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	1-21-1889	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard Helbig

14. MOTHER'S MAIDEN NAME: Margaret Klausmann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-16-5189A

17. INFORMANT: Mrs. Rose Obst, 4712 Washington Blvd. ADDRESS: 21227

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral vascular accident — Immediately

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive cardiovascular disease — About 5 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Emphysema — about 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): None

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?: None

22. I certify that (I) (this hospital) attended the deceased from Feb. 18, 1963 to Mar. 15, 1969, that (I) (we) last saw the deceased alive on March 15, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) view the body after death. SEE REVERSE SIDE.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): Dr. Ernest G. Marr DEGREE

23D. ADDRESS: 516 Cathedral Street, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-30-1969

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Jackson

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Avenue

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-150-REV. 1/1/68

This man was not seen by me since March 15, 1969. He was found by his sister lying on the floor of their home. He was taken to the St. Agnes Hospital by ambulance to the Emergency Room where he was pronounced dead on arrival.

Ernest G. Marr, M. D.

1

H-530 69 9647 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9647

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Esther Hunt

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 27 Year: 69 Hour: 7:35 p.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 27 Year: 69 Hour: 7:35 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore (~~Arbutus~~)
D. INSIDE CITY LIMITS? YES ☐ NO ☐

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: May 2, 1918
10. AGE (In years last birthday): 51 ~~51~~
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 1820 ~~XXXX~~ Park Ave. Halethorpe, Md. 21227

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Howard Hoey

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lillian (Unknown)

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
17. SOCIAL SECURITY NO. 220-09-4009
18. INFORMANT: Edwin T. Hunt ADDRESS: 1820 Park Ave. Halethorpe 21227

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/28/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Arlington National Cemetery
24D. LOCATION (City, town, or county) (State): Arlington, Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Faibey, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

0 0 0 8 6 5 3

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9648

BIRTH NO. F-535 69 9648

1. NAME OF DECEASED (Type or Print): Fountain Mrs. Nana B.

2. DATE AND HOUR OF DEATH: 9-25-69 10:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Keswick 91 700 W. 40th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 1307
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 700 W. 40th St.

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 4-13-1886 ~~XXXXXX~~
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Sales Stewart's
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H. Burrows
14. MOTHER'S MAIDEN NAME: Not Given, Georgeanna

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Jean Kleppinger-625 S. Washington St. Easton, Maryland
Grace St. Paul RN. 700 W. 40th
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 436.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 16 1969 to September 25th 1969, that (I) (we) last saw the deceased alive on September 25, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-26-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel
ADDRESS: 4600 Liberty Hts.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-651 69 9649 REG. NO. 69 9649

1. NAME OF DECEASED (Type or Print): JAMES GILBERT CRUMBLE — JAMES CRUMBLE

2. DATE AND HOUR OF DEATH: 9/24/69 8 06 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL BALTIMORE, Md. 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Caroline
BOX 226 BROOKLYN AVE 5500
C. CITY OR TOWN: FEDERALSBURG
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 226 Brooklyn Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/20/19
9. AGE (In years last birthday): 49
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day ~~Laborer~~
10B. KIND OF BUSINESS OR INDUSTRY: Bakery
11. BIRTHPLACE (State or foreign country): Maryland USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elwood Crumble
14. MOTHER'S MAIDEN NAME: Helen Augusta Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Medford Crumble, Federalsburg, Maryland — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO RESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) OBLITERATION OF (R) lung, ascites, hepatic coma
DUE TO, OR AS A CONSEQUENCE OF:
(C) Alcoholic cirrhosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Anemia, thrombocytopenia, AZOTEMIA

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/17 1969 to 9/24 1969, that (I) (we) last saw the deceased alive on 9/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ralph DeFronzo DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/24/69
23C. PHYSICIAN'S NAME (Type): RALPH DEFRONZO DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL, BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 27, 1969
24C. NAME of CEMETERY or CREMATORY: Johns Cemetery
24D. LOCATION (City, town, or county) (State): Near Preston, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Tobin, M.D.
25C. FUNERAL DIRECTOR: Frampton, Jr. — ADDRESS: Frampton Funeral Home, Federalsburg, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-340 69 9650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9650

1. NAME OF DECEASED (Type or Print): SIEDEL, MARTIN JOHN

2. DATE AND HOUR OF DEATH: SEPTEMBER 29, 1969 3:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 21229 2551

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES XX NO ☐

E. STREET AND NUMBER: 291 OAKLEE VILLAGE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/29/21

9. AGE (In years last birthday): 47 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BREWERY WORKER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WALTER SIEDEL

14. MOTHER'S MAIDEN NAME: ANNA BUDRES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WAR 2

16. SOCIAL SECURITY NO.: 217-14-7875

17. INFORMANT: ST AGNES HOSPITAL'S RECORDS ADDRESS: CATON & WILKENS AVES BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Generalized carcinomatosis 2ry from	
(B)	DUE TO, OR AS A CONSEQUENCE OF: Ca of pancreas	
(C)	DUE TO, OR AS A CONSEQUENCE OF:	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from SEPTEMBER 28 19 69 to SEPTEMBER 29 19 69 that (X) (we) last saw the deceased alive on SEPTEMBER 29 19 69 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXXXX) view the body after death.

23A. SIGNATURE: Pricha Boonswang M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 929-69

23C. PHYSICIAN'S NAME (Type): PRICHA BOONSWANG M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSP. WILKENS & CATON AVE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/2/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Combrot Inc. ADDRESS: 1328 Sulphur Sp. Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-536 69 9651

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9651

1. NAME OF DECEASED (Type or Print): Freda R. Snyder

2. DATE AND HOUR OF DEATH: 9/28/69 1045 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: Balto. 2716

C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ 3016 WYLIE AVENUE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: ~~XXXXXXXXX~~

9. AGE (In years last birthday): ~~XXX~~ 84

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SIMON FROHMAN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 207-34-9827A ~~XXXXXXXXXXXX~~

17. INFORMANT: MRS. SYLVIA L. WILKINS, 520 WESTVIEW AVENUE RICHMOND, VIRGINIA 23226

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 412.4 + 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventricular Asystole

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus, Bladder Tumor type?

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 10 19 67 to 9/28 19 69, that (I) (we) last saw the deceased alive on 9/28 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E S Caplan MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/28/69

23C. PHYSICIAN'S NAME (Type): E. S. CAPLAN, M.D. DEGREE

23D. ADDRESS: Sinai Hosp Balto Md

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: HEBREW FRIENDSHIP

24D. LOCATION (City, town, or county) (State): 3600 E. BALTIMORE ST., MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-524 69 9652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9652

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Anshel, Joseph

2. DATE AND HOUR OF DEATH: 9-27-69 | 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2719

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: Park Heights 5610

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: XXXXXXXX

9. AGE (In years last birthday): 77 ~~XXX~~

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE

10B. KIND OF BUSINESS OR INDUSTRY: UNITED STATES GOVERNMENT

11. BIRTHPLACE (State or foreign country): ~~Baltimore~~ LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELIAS ANSHEL

14. MOTHER'S MAIDEN NAME: FANNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-22-2499

17. INFORMANT: MRS. FANNIE ANSHEL, 5610 PARK HEIGHTS AVENUE

MEDICAL CERTIFICATION

18. 1621

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of the lungs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: # 15

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-11 1969 to 9-27 1969 that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yusadoff T. Allian DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-27-69

23C. PHYSICIAN'S NAME (Type): YUSADOFF T. ALLIAN DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: GREATER BALTIMORE LODGE

24D. LOCATION (City, town, or county) (State): BOWLEYS LANE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-365 69 9653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9653

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MAX Stern

2. DATE AND HOUR OF DEATH: 28 Sept 1969 | 1:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 2717
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3325 Ingelside Ave

5. SEX: MALE
6. RACE: WHITE ~~COLORED~~
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/25/06 ~~XXXXXXXXXXXX~~
9. AGE (In years last birthday): 62 ~~XXX~~ | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ISRAEL STERN
14. MOTHER'S MAIDEN NAME: KATE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-03-5421
17. INFORMANT: MRS. FANNIE STERN, 3325 INGELSIDE AVE. #15 ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASHD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 19 65 to Sept 28 19 69, that (I) (~~we~~) last saw the deceased alive on Sept 28 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Seymour H. Rubin DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type): Seymour H. Rubin DEGREE
23D. ADDRESS: 5415 Park Heights Ave

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: ~~KNOX~~ CHOFETZ CHAIM
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969
25B. NAME OF REGISTRAR: Robert E. Gaberman
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. ADDRESS

VS 150-REV. 1/1/68

S-150 69 9654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9654

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sibony - ~~Mordecai~~ MORDECHAY

2. DATE AND HOUR OF DEATH: 9-27-69. 8 45 Pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 8004 . C . Woodgate . ct. APT. # C

5. SEX: MALE ~~F~~ M

6. RACE: ~~Sex~~ WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-1-40

9. AGE (In years last birthday): 29

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautition

10B. KIND OF BUSINESS OR INDUSTRY: Beautition

11. BIRTHPLACE (State or foreign country): Algeria

12. CITIZEN OF WHAT COUNTRY? ~~Israel~~ USA

13. FATHER'S NAME: Szlomo SIBONY

14. MOTHER'S MAIDEN NAME: Ester ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 216-58-0096

17. INFORMANT: MRS. MARSHA SIBONY, 8004 WOODGATE CT. APT. C

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: acute Leukemia - — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 Months

DUE TO, OR AS A CONSEQUENCE OF: —

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-11-69 19 69 to 9-27 19 69 that (I) (we) last saw the deceased alive on 8 45 Pm - 9-27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Hookazar M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): HOOKAZAR. M.D DEGREE

23D. ADDRESS: Sinai hospital, Baltimore, 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: OHR KNESSETH ISRAEL

24D. LOCATION (City, town, or county) (State): ANSHE SFARD ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Fa[illegible] M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-412 69 9655

REG. NO. 69 9655

1. NAME OF DECEASED (Type or Print): Molofsky Anna

2. DATE AND HOUR OF DEATH: 9-28-69 5:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Charles General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 21215 2831

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5305 Fairlawn Ave. #15

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 11-30-88 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac ~~XXXXXXXXXXXXXXXX~~ SMELKINSON

14. MOTHER'S MAIDEN NAME: Rebecca ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-6635

17. INFORMANT: MRS. SADYE EBERLIN ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ ADDRESS: 5305 FAIRLAWN AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Edema

(B) DUE TO, OR AS A CONSEQUENCE OF: mul myelom

(C) 203.9

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-26- 1969 to 9-28 1969, that (I) (we) last saw the deceased alive on 9-28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Melencio Ventura DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-28-69

23C. PHYSICIAN'S NAME (Type): MELENCIO VENTURA DEGREE

23D. ADDRESS: NORTH CH GENL HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: SHAARIE ZION

24D. LOCATION (City, town, or county) (State): ~~XXXXXXX~~ ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-346 69 9656

REG. NO. 69 9656

1. NAME OF DECEASED (Type or Print): SAMUEL ADLER

2. DATE AND HOUR OF DEATH: SEPTEMBER 26, 1969 1 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3004 FALLSTAFF MANOR COURT, APT K BALTIMORE, MARYLAND 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2730

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3004 FALLSTAFF MANOR, CT. APT. K

5. SEX: MALE

6. RACE: WHITE

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] Separated

8. DATE OF BIRTH

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER MAKER

10B. KIND OF BUSINESS OR INDUSTRY: MD. SHIP BUILDING CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BERYL ADLER

14. MOTHER'S MAIDEN NAME: FANNY MILLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 271-01-2275

17. INFORMANT: MRS. FLORINE KATZ

ADDRESS: 6618 MAROTT DR. #21207

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 492X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Emphysema. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Coronary Arteriosclerosis — 2 years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this~~ hospital) attended the deceased from 8-23 1963 to 9/26 1969, that (I) (~~we~~) last saw the deceased alive on 9/15 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert J. Himelfarb DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): ALBERT J. HIMELFARB DEGREE

23D. ADDRESS: 3501 ST. PAUL ST. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: ANSHE EMUNAH AITZ CHAIM

24D. LOCATION (City, town, or county) (State): WASHINGTON BLVD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN RD.

VS-150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-650 69 9657

REG. NO. 69 9657

1. NAME OF DECEASED (Type or Print): SAMUEL PHILIP FRAHM

2. DATE AND HOUR OF DEATH: SEPTEMBER 24, 1969 | 9:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PALL MALL NURSING HOME, 4601 PALL MALL ROAD

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 28 31

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5446 LYNVIEW AVENUE #21215

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JUNE 15, 1889

9. AGE (In years last birthday): 80

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: SHOE MAKER

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB FRAHM

14. MOTHER'S MAIDEN NAME: LENA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-7873

17. INFORMANT: MR. EUGENE ~~FRAHM~~ FRAHM, ADDRESS: 4529 TAPSCOTT ROAD #21208

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 185 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of prostat — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1963 19 to 9-24-69 19, that (I) (we) last saw the deceased alive on 9-24-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-26-69

23C. PHYSICIAN'S NAME (Type): DR. JOSEPH SHEAR DEGREE

23D. ADDRESS: 6715 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-26-69

24C. NAME of CEMETERY or CREMATORY: BETH HAMEDISH HAGODOL

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 30 1969

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-600 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9658 X REG. NO. 69 9658

1. NAME OF DECEASED (Type or Print): Murr, Frank

2. DATE AND HOUR OF DEATH: 9-26-69. 7:46 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Anne Arundel 52.00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 504 Oak Grove Rd. Linthicum, Md.

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 8-9-95 9. AGE (In years last birthday): 74 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10B. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Murr
14. MOTHER'S MAIDEN NAME: Anna Schmidt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Murr ADDRESS: Same

MEDICAL CERTIFICATION

18. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Inferior + Diaphragmatic Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
1/ Post-op Wound Infection
2/ Congestive Heart Failure

19A. DATE OF OPERATION: 1/9/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Appendicitis
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from ____ 19__ to 9/26 1969 that (I) (~~we~~) last saw the deceased alive on 9/26 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Michael A. Allis DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/26/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Holy Cross
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Barber, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

B-633 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9659

BIRTH NO. 69 9659

1. NAME OF DECEASED (Type or Print): Jay Vaughn Braithwaite

2. DATE AND HOUR OF DEATH: September 26, 1969 7:41 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Anne Arundel 5200

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 5321 Wassena Ave. 21225

5. SEX: Male

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Dec. 17, 1923

9. AGE (In years last birthday): 45

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Consolidated Eng. Co.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Howard Braithwaite

14. MOTHER'S MAIDEN NAME: Gladys H. Cripple

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 234-24-4990

17. INFORMANT: Miss Rosemary Braithwaite ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept 1966 19 66 to Sept 19 69, that (I) (~~we~~) last saw the deceased alive on August 30 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Mario J. Reda MD. DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Sept 27, 1969

23C. PHYSICIAN'S NAME (Type): Dr. Mario J. Reda, Sr. DEGREE

23D. ADDRESS: 4016 Ritchie Hgy. Baltimore, Md. 21225

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-29-69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Pk.

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hwy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-600 69 9660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9660

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOE LEWIS MOORE

2. DATE AND HOUR OF DEATH: 9/29/69 | 10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 908
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 826 E. North Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/7/40
9. AGE (In years last birthday): 29
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEROY MOORE
14. MOTHER'S MAIDEN NAME: LENDORA WILLIAMS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: LENDORA WILKINS — ADDRESS: 1833 N. Wolfe St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 517X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: SEPSIS	6 d.
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	CHRONIC PULMONARY INFECTION	5 years
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	CHRONIC LIVER DISEASE	5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ~~CHRONIC~~

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9/24 19 69 to 9/29 19 69, that ~~I~~ (we) last saw the deceased alive on 9/29 19 69 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Karl J. Kramer, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): Karl J. Kramer, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Tilbury
25C. FUNERAL DIRECTOR: Joseph L. Roth IV — ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 69 9661

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9661

1. NAME OF DECEASED (Type or Print) LEWIS Louis Merchant

2. DATE AND HOUR OF DEATH 9-27-69 10:40 a. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

39 Provident Hospital
1514 Division Street
Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 1703

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER 1058 Argyle Avenue

5. SEX Male 6. RACE Negro 7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH June 27, 1895 9. AGE (In years last birthday) 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Henry Merchant

14. MOTHER'S MAIDEN NAME Susie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Wilbert Merchant (Son) ADDRESS Same

MEDICAL CERTIFICATION

18. 429.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH From:- 9-21-69 To:- 7:00 A.M.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atrial Fibrillation — 9-27-69 To: 10 AM.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pulmonary Congestion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 21, 1969 to September 27, 1969 that (I) (we) last saw the deceased alive on September 27, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE R. Corpuz M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [XX]

23B. DATE SIGNED 9-27-69

23C. PHYSICIAN'S NAME (Type) Raymundo R. Corpuz, M.D. DEGREE

23D. ADDRESS 1514 Division Street Baltimore, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 10-1-69

24C. NAME of CEMETERY or CREMATORY Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. OCT 1 1969

25B. NAME OF REGISTRAR Robert E. Tarbey, M.D.

25C. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-452 69 9662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9662

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOLMES, William Willie

2. DATE AND HOUR OF DEATH: 9/24/69 | 8:25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

23 Veterans Administration Hospital
3900 Loch Raven Boulevard
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland
B. COUNTY: 1605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 860 Whitmore Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-5-1900
9. AGE (In years last birthday): 69 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bryant, S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Holmes
14. MOTHER'S MAIDEN NAME: Charlotte Bradford
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 6-19-18 to 7-15-19
16. SOCIAL SECURITY NO.: 217-01-00-62
17. INFORMANT: VA Hospital Records ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 203X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Myeloma kidney	4 months
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Multiple myeloma	2 years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from May 21, 19 69 to September 24, 19 69, that (X) (we) last saw the deceased alive on September 24, 19 69 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXXX) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/25/69
23C. PHYSICIAN'S NAME (Type): YOUNG E. CHUN, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd. Balto., Md 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-300 69 9663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9663

1. NAME OF DECEASED (Type or Print): Mildred D. F. Redd

2. DATE AND HOUR OF DEATH: 9-26-69 11:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2526 W. Lafayette Ave

5. SEX: F
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-13-15
9. AGE (In years, last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garment Worker
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Doughtry
14. MOTHER'S MAIDEN NAME: Florence Allen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-09-4038
17. INFORMANT: Clarence Redd
ADDRESS: 2526 W. Lafayette Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock, Bleeding
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Haemorrhagic Gastritis,
DUE TO, OR AS A CONSEQUENCE OF:
(C) Acute Haemorrhagic Pancreatitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cirrhosis of Liver.

19A. DATE OF OPERATION: 9/26/69.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Upper G. I. Bleeding
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-22- 1969 to 9-26 1969, that ~~(I)~~ (we) last saw the deceased alive on 9-26 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Rajinder M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-26-69.
23C. PHYSICIAN'S NAME (Type): RAJINDER MGANDHI (M.D.) DEGREE
23D. ADDRESS: 730 Ashburton Street, Baltimore MD. 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs
25C. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

BIRTH NO. R-250 69 9664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9664

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RAISON ALICE BEAL

2. DATE AND HOUR OF DEATH: 9/28/69 3:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 45 GOOD SAMARITAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2301
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 158 W. WEST ST. 21230

5. SEX: F
6. RACE: C
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-13-99
9. AGE (In years last birthday): 68 ?
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Georgia Lomax

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Guy Washington ADDRESS: 158 W West St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — Approximate interval between onset and death: 8 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) HASCVD — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes PENDING
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/20 1969 to 9/28 1969, that (I) (~~we~~) last saw the deceased alive on 9/28 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Richard W. Light M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type): Richard W. Light M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Balto City

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Faulkner M.D.
25C. FUNERAL DIRECTOR: G. L. Brown & Son
ADDRESS: 1080 Montgomery St

VS 150-REV. 1/1/68

1

M-532 69 9665

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9665

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT W. MONTGOMERY

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 26 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 26 Year 1969 Hour 11:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2805 Winchester Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY: V-29
C. CITY OR TOWN: Hempstead
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 80 Remsen Ave.

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: 10/15/47
10. AGE (In years last birthday): 21
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Montgomery
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Gladys McElrath
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 075-40-8020
18. INFORMANT: George Montgomery ADDRESS: Hempstead N.Y.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E953 X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): house
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): bedroom - 2805 Winchester Street 1607
22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 26 (Year) 69 (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Shot self

23.
I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Natl.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: William Reese, II
ADDRESS: Anna. Md.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-162 69 9666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9666

1. NAME OF DECEASED (Type or Print): Jeffers Marion LeRoy

2. DATE AND HOUR OF DEATH: 9/27/69 | 5 40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1846 N. Gay Street.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 2/13/00
9. AGE (In years last birthday): 69
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Retired Barber Shop owner
11. BIRTHPLACE (State or foreign country): Louisville Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Lee Jeffers
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Dodson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 210 30 7438
17. INFORMANT: Venora J. Coleman
ADDRESS: 8601 11th Ave. S.F. Md.

MEDICAL CERTIFICATION

18. 141.9

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C) C.A. of tongue c. metastasis to lungs.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2/3/67
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA tongue
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23/69 19 to 9/27/ 19 69 that (I) (we) last saw the deceased alive on 9/27/ 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): J. M. Juantegui DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: Oct 1-1969
24C. NAME OF CEMETERY or CREMATORY: Parklawn
24D. LOCATION (City, town, or county): Rockville County — (State): Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: [signature]
ADDRESS: 254 Carroll St NW D.C.

VS 150-REV. 1/1/68

55-19-42 IT 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-263 69 9667 X REG. NO. 69 9667

1. NAME OF DECEASED (Type or Print): DEIGERT, CHARLES W

2. DATE AND HOUR OF DEATH: Sept. 26, 1969 9:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND #21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt 16 BOX 379A #21220

5. SEX: M WHITE
6. RACE: W MALE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-15-31
9. AGE (In years last birthday): 38
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENG,
10B. KIND OF BUSINESS OR INDUSTRY: Metropolitan Cons Co
11. BIRTHPLACE (State or foreign country): MARYLAND Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES Deigert
14. MOTHER'S MAIDEN NAME: LOUISE Hartung

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-26-9645
17. INFORMANT: RECORDS: BCH
ADDRESS: 4940 EASTERN AVENUE #21224

MEDICAL CERTIFICATION

18. 279 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Myocardial infarction — 3-5 days

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypercholesterolemia — years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from Sept. 26 1969 to Sept. 26 1969, that ~~(I)~~ (we) last saw the deceased alive on Sept. 26 1969 and that in (~~my~~) (our) opinion death occurred on the date and hour and from ~~the causes stated~~ above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Carl Winterster M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Sept. 26, 1969
23C. PHYSICIAN'S NAME (Type): CARL WINTERSTER M.D. DEGREE
23D. ADDRESS: BCH 4940 EASTERN AVENUE #21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-1969
24C. NAME of CEMETERY or CREMATORY: Bel Air Memorial
24D. LOCATION (City, town, or county) (State): Bel Air Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: 8 Smith Funeral Home
ADDRESS: 740 Belair Rd

VS 150-REV. 1/1/68

55-00-38 db

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9668

BIRTH NO. P-520 69 9668

1. NAME OF DECEASED (Type or Print): PINIECKI, George P., SR.

2. DATE AND HOUR OF DEATH: 9-27-69 2:50 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITALS 31

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland, B. COUNTY: 2605

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 433 S. Bonsal Street 21224 007

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 3-26-00

9. AGE (In years last birthday): 69

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Esskay Packing Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Piniecki

14. MOTHER'S MAIDEN NAME: ~~Virginia~~ Mary Rybicka

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: 213-03-9258

17. INFORMANT: BCH-Records

ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 347.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory

DUE TO, OR AS A CONSEQUENCE OF:

(B) anoxic brain damage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ~1 mo

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-29 1969 to 9-27 1969 that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Haller DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 9/30/69

23C. PHYSICIAN'S NAME (Type): R. Haller DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue, Balto, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-1-69

24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Ba. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25G. FUNERAL DIRECTOR: Charles A. Geiler

ADDRESS: 6224 EASTERN AVE. BALTO., 21224, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 69 9669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9669

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN TAYLOR.

2. DATE AND HOUR OF DEATH: 9-18/69- 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE BALTIMORE - Md.

CERTIFICATE AMENDED 10-21-69

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD. B. COUNTY: 1538

C. CITY OR TOWN: BALTIMORE.

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 2502 Garrison Boulvevard

5. SEX: MALE

6. RACE: NEGRO.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 7-11-96

9. AGE (In years last birthday): 73

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disabled

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chart — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: VENTRICULAR FIBRILLATION

DUE TO, OR AS A CONSEQUENCE OF: DURING LEFT FEMUR PINNING. Due To:

(B) S.C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): FRACTURE OF FEMUR

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER

412.4 + 5887X

19A. DATE OF OPERATION: 9-18/69-

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NON UNION Fx. (L) femur.

20A. AUTOPSY? (Yes or No): NO.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [✓] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~[illegible]~~ Unknown

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): UNKNOWN

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): UNKNOWN

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [✓]

21F. HOW DID INJURY OCCUR? APPARENTLY ACCIDENTALLY FELL

22. I certify that (I) (this hospital) attended the deceased from 8-20- 1969 to 9-18- 1969, that (I) (we) last saw the deceased alive on 9-18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Bandera M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 9-19/69.

23C. PHYSICIAN'S NAME (Type): JULIO BANDERAS M.D. DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore. Baltimore 21215 Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/28/69

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry

24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: [illegible]

25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 5-79

25C. FUNERAL DIRECTOR: Adolphus Halstead — ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from M.E.'s office 10-21-69 MH

BIRTH NO. G-163 69 9670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9670

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Martin P. Gebhardt

2. DATE AND HOUR OF DEATH: Sept. 25, '69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3115 E. Monument Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 701
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3115 E. Monument Street

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/28/'82
9. AGE (In years last birthday): 86
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Upholstry & Furn.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Gebhardt
14. MOTHER'S MAIDEN NAME: Catherine Hahn
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocard. - infarc. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
DUE TO, OR AS A CONSEQUENCE OF:
(B) ARTERIOSCL. C.V. DIS. — 54 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~7/18/69~~ 7/18/66 19 to 9/25/69 19, that (I) (~~we~~) last saw the deceased alive on 9/24/69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did not) view the body after death.

23A. SIGNATURE: Benj. B. Moses, MD — DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/29/69
23C. PHYSICIAN'S NAME (Type): BENJ. B. MOSES, M.D. — DEGREE
23D. ADDRESS: 488 N. LUZERNE AVE. BALTO. MD.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/'69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

BIRTH NO. 0-256 69 9671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9671

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): CATHERINE AGNES O'CONNOR

2. DATE AND HOUR OF DEATH: 9/28/69 | 11 55 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 36 FRANKLIN SQUARE HOSPITAL BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 905
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3106 ELLERSLIE AVE

5. SEX: F
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): WIDOWED
8. DATE OF BIRTH: 2-20-85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN O'NEAL
14. MOTHER'S MAIDEN NAME: ANN BANNON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 800-01-0169
17. INFORMANT: Mr. Charles J. O'Connor
ADDRESS: 965 North Hill Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBROVASCULAR HEMMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23/69 19 to 9/28/69 19, that (I) (we) last saw the deceased alive on 9/28/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary W. Wilner M.D. M.D.
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type) M.D.
23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/'69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Jones, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-655 69 9672

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9672

1. NAME OF DECEASED (Type or Print): Pearman, Mrs. Martha

2. DATE AND HOUR OF DEATH: Sep. 29 1969 | 8:28 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 2642

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4784 Chatford Avenue

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 4/11/83 9. AGE (In years last birthday): 86 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife none 10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilhelm Frederick

14. MOTHER'S MAIDEN NAME: Heneretta ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ~~Arnold Ave.~~ Lula M. Schwinn ADDRESS: BC-65 B15878 · 7/1/66

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.D. — Bedfast since 9.27.69

DUE TO, OR AS A CONSEQUENCE OF:

(C) Gi Bleeding

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Thoracic Hernia - Repair 1918

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/22/69 19 to 9/29 19 69 that (I) (we) last saw the deceased alive on Sept 9/29 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): KARAS MEAN DEGREE 23D. ADDRESS: M.G.H.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/2/'69 24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969 25B. NAME OF REGISTRAR: Robert E. Jaber, M.D. 25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

41-36-69 1

M-620

BIRTH NO. 69 9673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9673

1. NAME OF DECEASED (Type or Print): HARRY MYERS

2. DATE AND HOUR OF DEATH: 9/27/69 3:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL 4940 EASTERN AVENUE BALTIMORE MARYLAND #21224

3/

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: MIDDLE RIVER D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1102 BEACH DRIVE 005

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/4/11
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES MYERS
14. MOTHER'S MAIDEN NAME: ELDA MAE LEWIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-5948
17. INFORMANT: RECORDS: BALTIMORE CITY HOSPITALS J. CASELLAS ADDRESS: 4940 EASTERN AVENUE 6012 E. PRATT ST. #21224

MEDICAL CERTIFICATION

18. 513.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIORESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF: METABOLIC ACIDOSIS AND ACUTE RENAL FAILURE
(B) HEPATIC PRE COMMA
DUE TO, OR AS A CONSEQUENCE OF: SEVERE HEPATIC INSUFFICIENCY
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 31 19 69 to SEPT. 27 19 69 that (I) (we) last saw the deceased alive on 9/27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jaime F. Casellas DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): JAIME F. CASELLAS DEGREE
23D. ADDRESS: 6012 E. PRATT ST. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: BALTO. CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: J.G. CONNELLY SONS ADDRESS: 300 MACE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-636 69 9674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9674

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOWARD CARTER
Howard N. Carter

2. DATE AND HOUR OF DEATH: Sept. 28, 1969 4:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital
35 CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore USA 5300
C. CITY OR TOWN: FORT HOWARD
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 14 DENTON AVE. (19)

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/13/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER
10B. KIND OF BUSINESS OR INDUSTRY: Contractor Self-Employed
11. BIRTHPLACE (State or foreign country): MD, U.S.A.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Carter
14. MOTHER'S MAIDEN NAME: Rose ZELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes-Navy
(If yes, give war or dates of service): 1928-1932
16. SOCIAL SECURITY NO.: 213-09-3346
17. INFORMANT: Madeline Carter (wife)
ADDRESS: Same as patient

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypovolemic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hrs.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Massive bleeding from Esophageal varices — few hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Portal cirrhosis — Indef.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: none
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 28 19.69 to Sept. 28 19.69 (4:45 PM.) that (I) (we) last saw the deceased alive on Sept. 28 19.69 (3:50 PM) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando Mendoza M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept 28, 1969
23C. PHYSICIAN'S NAME (Type): ROLANDO MENDOZA, M.D. DEGREE
23D. ADDRESS: 100 N. Broadway St. (31)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Calvin E. Talley, M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

30-04-78 CSK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9675

BIRTH NO. X-255 69 9675

1. NAME OF DECEASED (Type or Print): Xecominos, Pete J.

2. DATE AND HOUR OF DEATH: 9-27-69 7 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4940 Eastern Ave. Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2607
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 709 S. Oldham St. 21224 007

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-2-97
9. AGE (In years last birthday): 72
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Cutter
10B. KIND OF BUSINESS OR INDUSTRY: Masonry
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Despina Saloufas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-09-9163-A
17. INFORMANT: BCH: RECORDS ADDRESS: 4940 Eastern Ave. Baltimore Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 days
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pneumonia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-18 1969 to 9-27 1969, that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Richard L Bishop MD. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): Richard L. Bishop MD. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md/ 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-69
24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 302 E Eastern Ave., Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-300 69 9676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9676

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ETT, KAREN AGNES

2. DATE AND HOUR OF DEATH: 9/29/69 1:12 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BOLTON HILL NURSING & CONVALESCENT CTR

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
300 HERRING COURT
C. CITY OR TOWN: BALTIMORE MD 21230
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/19/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 32 5504A
17. INFORMANT: BOLTON HILL RECORDS
ADDRESS: LAFAYETTE & JOHN BALTIMORE MD 2121

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4124 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: congestive heart failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several months

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: chronic obstructive airway disease — several months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): no.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Last 5-3- 1969 to 9-29- 1969, that (I) (we) last saw the deceased alive on Sept. 24, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): E. ELLSWORTH COOK M.D. DEGREE
23D. ADDRESS: 2431 Maryland Ave. Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 10/3/69.
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Tulley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214
ADDRESS

90 0 0 0 8 6 6 2

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-200 69 9677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9677

1. NAME OF DECEASED (Type or Print): Dorothy E Hock

2. DATE AND HOUR OF DEATH: September 28, 1969 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

00 3228 Chesley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland | B. COUNTY: 2735

C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3228 Chesley Ave

5. SEX: Female | 6. RACE: White | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct.28,1913 | 9. AGE (In years last birthday): 55 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady Sears Robuck Co

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Gutridge

14. MOTHER'S MAIDEN NAME: Loretta Trainor

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-22-~~1068~~ 2069

17. INFORMANT: Mr Edward L Hock | ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.2

(A) IMMEDIATE CAUSE: Atherosclerotic Cardio vascular Disease i Hypertension — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unk.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypo Thyroidism — 1964?

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb 19 64 to 9-28 19 69, that (I) (we) last saw the deceased alive on 5-6-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John C. Hyle — DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-29-69

23C. PHYSICIAN'S NAME (Type): John C Hyle M.D. — DEGREE:

23D. ADDRESS: 7527 Belair Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 10/2/69 | 24C. NAME of CEMETERY or CREMATORY: Garden Of Faith | 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969 | 25B. NAME OF REGISTRAR: Robert E. Fisher M.D. | 25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. | ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

Owned & Medical Examiner

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-620 69 9678

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9678

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLIAN BRISCOE

2. DATE OF DEATH — Known [XX] Estimated [ ] — Month: 9 Day: 28 Year: 69 Hour: 8:45 p.m.

3. DATE PRONOUNCED DEAD — Month Day Year Hour: September 28, 1969 8:45 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital D.O.A.

48
99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1509

6. SEX: Female
7. RACE: Negro
8. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 12/3/34
10. AGE (In years last birthday): 35
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
E. STREET AND NUMBER: 2802 Loudon Ave.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Williams

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mildred Murry

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 213-26-7102
18. INFORMANT: Robert A. Briscoe ADDRESS: 2802 Loudon Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intravenous narcotism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

304.9

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] ~~Autopsy~~ [XX] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER [XX]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 9/29/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Jeffery, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 661 W. Barre St.

VS 151-REV. 1/1/68

S-530 69 9679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 376 69 9679

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SMITH, MYRTLE

2. DATE AND HOUR OF DEATH: 29 SEPT. 1969 | 10 25 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NCC, 1213 LIGHT ST., BALTIMORE, MARYLAND 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 1326 S. HANOVER STREET 2301

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1376 S. HANOVER ST.

5. SEX: F

6. RACE: N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 11/22/24

9. AGE (In years last birthday): 45

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BEAUTICIAN

10B. KIND OF BUSINESS OR INDUSTRY: BEAUTY SHOP

11. BIRTHPLACE (State or foreign country): BALTO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLARENCE MOORE

14. MOTHER'S MAIDEN NAME: WILSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: THERSA COLLINS — ADDRESS: 520 N. PAYSON ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

436.0

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9-26-69

DUE TO, OR AS A CONSEQUENCE OF:

(B) CEREBROVASCULAR ACCIDENT — Months

DUE TO, OR AS A CONSEQUENCE OF:

(C) HYPERTENSION — Yrs.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9-24 19 69 to 9-29 19 69, that ~~I~~ (we) last saw the deceased alive on 9-29 19 69 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. A. Gongon, M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-29-69

23C. PHYSICIAN'S NAME (Type): MANUEL A. GONGON M.D. DEGREE

23D. ADDRESS: 1200 E. BELVEDERE AVE, BALTO, MD 21212

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10/4/69

24C. NAME of CEMETERY or CREMATORY: CARVER MEM. PARK

24D. LOCATION (City, town, or county) (State): LAUREL MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: MARGARETTA BROWN — ADDRESS: 3106 WALBROOK AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-520

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9680

BIRTH NO. 69 9680

1. NAME OF DECEASED (Type or Print): Leon Pinkey

2. DATE AND HOUR OF DEATH: Sept. 28th 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2514 W. Baltimore St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 226 N. Chapel St.

5. SEX: Male
6. RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 1st 1936
9. AGE (In years last birthday): 33
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Pinkey
14. MOTHER'S MAIDEN NAME: Madeline Johnson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 219-30-4193
17. INFORMANT: Geraldine Pinkey
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

(A) IMMEDIATE CAUSE: Acute myocardial — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2
DUE TO, OR AS A CONSEQUENCE OF: infarction, recurrent
(B) Arteriosclerotic heart — ? possibly
DUE TO, OR AS A CONSEQUENCE OF: disease
(C) — 2 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS: 100 N.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: Chas. O. Wilson
ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

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S-152

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9681 REG. NO. 69 9681

1. NAME OF DECEASED (Type or Print): Lillie Mae Spencer

2. DATE OF DEATH: Known [X] Estimated [ ] Month 9 Day 27 Year 69 Hour 5:00 p.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 27 Year 69 Hour 5:00 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1626 Montpelier

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 907
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1626 Montpelier

6. SEX: female
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Oct 16 1904
10. AGE (In years last birthday): 65
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Chester
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Sarah Chester
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.:
18. INFORMANT: Florence Flood ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Senile megocolon

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] Partial and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 9/28/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. County Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Elroy O. Nelson
ADDRESS: Md.

VS 151-REV. 1/1/68

54-89-33 JD 1

G 450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9682

BIRTH NO. 69 9682

1. NAME OF DECEASED (Type or Print): John Gilliam

2. DATE AND HOUR OF DEATH: 9-29-69 3:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 301

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 269 Herring CT. #21213 007

5. SEX: Male

6. RACE: Negro

7. MARITAL: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-2-08

9. AGE (In years last birthday): 60

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Gilliam

14. MOTHER'S MAIDEN NAME: Julia Cryer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 226-18-4442

17. INFORMANT: BCH Records: Baltimore City Hospitals

ADDRESS: 21224 4940 Eastern Ave. Balto., Md.

CAUSE OF DEATH

18. 5699

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	PULMONARY EMBOLUS	30 MIN
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	UPPER GI BLEED	24 hr
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): MYCOTIC AORTIC ANEURYSM — 6 WKS

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 8/15, 9/13, 9/28

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ANEURYSM, GI BLEED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/14 1969 to 9/29 1969, that (I) ~~(we)~~ last saw the deceased alive on 9/29 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Steven J. Friedman M.D. (DEGREE) — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): STEVEN J. FRIEDMAN M.D. (DEGREE)

23D. ADDRESS: BALTIMORE CITY HOSPITAL 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-3-69

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): A-A County Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Leroy Nelson

ADDRESS: 1000 Brantly M

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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P-400

ELROY

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9683 REG. NO. 69 9683

1. NAME OF DECEASED (Type or Print): ELROY POWELL

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 9 Day 29 Year 69 Hour 12:40a.

3. DATE PRONOUNCED DEAD: Month Day Year Hour September 29, 1969 12:40a.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2002

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: June 12 1915
10. AGE (In years last birthday): 52
If Under 1 Yr. Months Days Hours Min.

E. STREET AND NUMBER: 22 Gorman Ave.

11. BIRTHPLACE (State or foreign country): Howard Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Powell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Grace Powell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 212-14-3553
18. INFORMANT: Margaret Powell ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 412.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Hypertensive and arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/29/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Buck Park Cem
24D. LOCATION (City, town, or county) (State): Howard Co Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1000 Brantly

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9684 REG. NO. 69 9684

1. NAME OF DECEASED (Type or Print): ROBERT ROBERTSON

2. DATE AND HOUR OF DEATH: 9-26-69 9.20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 301
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 265 BALLOU COURT

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-1-98 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sylvania, Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC ROBERTSON
14. MOTHER'S MAIDEN NAME: MARY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-07-4108
17. INFORMANT: Irene Robertson ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Renal Shutdown — 96 hours
DUE TO, OR AS A CONSEQUENCE OF:
(C) Endotoxin Shock — 72 hours

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
(D) lower lobe collapse

19A. DATE OF OPERATION: 9/12/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal Obst
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 9 1969 to Sept 26 1969 that (I) (we) last saw the deceased alive on Sept 26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary Charles Hassmann MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/26/69
23C. PHYSICIAN'S NAME (Type): Gary Charles Hassmann DEGREE
23D. ADDRESS: Johns Hopkins Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: Eddy O. Wilson ADDRESS: 1000 Brantlyn

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9685 REG. NO. 69 9685

1. NAME OF DECEASED (Type or Print): ELEANOR COOPER

2. DATE AND HOUR OF DEATH: SEPT. 27-1969 11.45A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MT. SINAI NURSING HOME 4613 PARK HEIGHTS AVE BALTIMORE MD 21215

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
4609 Liberty Heights Ave Balto Md
C. CITY OR TOWN
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 15-10

5. SEX: F
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-16-86
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Washington
ADDRESS

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Fracture Right Hip

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fracture Right Hip
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location): 4609 Liberty Heights Ave
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Fell while walking

22. I certify that (I) (this hospital) attended the deceased from Aug 1967 to SEPT 27 1969, that (I) (we) last saw the deceased alive on SEPT 26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Louis T. Lavy DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D. DEGREE
23D. ADDRESS: 3502 W. Rogers Ave Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Mt Cahay Cem
24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Elroy O. Nelson
ADDRESS: Md.

VS 150-REV. 1/1/68

N820.4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO. 69 9686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9686

1. NAME OF DECEASED (Type or Print): Catherine A. Deems

2. DATE AND HOUR OF DEATH: Sept. 29, 1969 9:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6117 Alta Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2745
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 6117 ALTA Ave

5. SEX: Female
6. RACE: Caucasians
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 29, 1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Dolan
14. MOTHER'S MAIDEN NAME: Anna Gumm

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 215-54-2016
17. INFORMANT: Margaret A. McDonnell
ADDRESS: 6117 Alta Ave.

CAUSE OF DEATH

18. 124X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Carcinomatosis	2 years
DUE TO, OR AS A CONSEQUENCE OF: (B)	Carcinoma of Breast.	5 years
DUE TO, OR AS A CONSEQUENCE OF: (C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 1964 to 9-29 1969, that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-30-69
23C. PHYSICIAN'S NAME (Type): Wyman K. Wong MD DEGREE
23D. ADDRESS: 6801 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 3, 1969
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: Dippel Bros Inc.
ADDRESS: 7110 Belair Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-143

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9687 REG. NO. 69 9687

1. NAME OF DECEASED (Type or Print): Rohoblt, Ernest

2. DATE AND HOUR OF DEATH: 9-29-69 10:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1415 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1304
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2913 Parkwood Ave.

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-18--98
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Alfred Rohoblt
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-18--0452
17. INFORMANT: Mr. Walter Rohoblt ADDRESS: 2460 Terra Firma Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory Acidosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Emphysema

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-27-69 19 to 9-29-69 19 that (I) (we) last saw the deceased alive on 9-29-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ortenzio Cuto DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 0-29-69
23C. PHYSICIAN'S NAME (Type): O. TENOCO MD DEGREE
23D. ADDRESS: 1415 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Arlington Phillips ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

J-525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9689

BIRTH NO. 69 9689

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHNSON, JOANITA Virginia

2. DATE AND HOUR OF DEATH: 28 Sept. 1969 | 8:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Frederick 60-00
C. CITY OR TOWN: Frederick D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: RT. 8

5. SEX: F 6. RACE: Caucc 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 1/28/12 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: ——————
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orville Edgar Shifler
14. MOTHER'S MAIDEN NAME: Barbara Sensenbaugh

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): ——————
16. SOCIAL SECURITY NO. 220-07-4947
17. INFORMANT: Ira D. Johnson ADDRESS: Route 8-Frederick, Md. 21701

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 124X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of the breast
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 21 1969 to Sept 28 1969 that (I) (we) last saw the deceased alive on Sept 27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John R. Satterfield Jr MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept 28 '69
23C. PHYSICIAN'S NAME (Type): John R. Satterfield-Jr. DEGREE
23D. ADDRESS: University Hospital-Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 1-1969
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick- Maryland 21701

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Naylor, M.D.
25C. FUNERAL DIRECTOR: By Elwood T. Whitmore Atchison F.H. ADDRESS: Frederick, Md.

VS 150-REV. 1/1/68

S-420 69 9688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9688

BIRTH NO. BRENDA SCHOOLS

1. NAME OF DECEASED (Type or Print): BRENDA LEE SCHOOLS

2. DATE AND HOUR OF DEATH: 9/29/69 1245 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: UNIV OF MD HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ROSEWOOD STATE HOSPITAL B. COUNTY: BALTO. CO. 5300
C. CITY OR TOWN: ~~Owens~~ Mills, Md
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: OWINGS

5. SEX: F
6. RACE: CAU
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/24/42
9. AGE (In years last birthday): 27
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PT INSTITUTIONALIZED
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: STAUGHN SYLVESTER SCHOOLS
14. MOTHER'S MAIDEN NAME: FLORENCE SHEPPARD
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MOTHER ADDRESS: PASADENA MD

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 569.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTIC SHOCK
DUE TO, OR AS A CONSEQUENCE OF:
(B) BOWEL PERFORATION
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 09 30 AM 29 Sept 1969 to 1245 PM 29 Sept 1969 that (I) (we) last saw the deceased alive on 29 Sept 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert J. Wlensky MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 29 Sept 69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: UNIV of Md Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Pk.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Yoder, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-236

69 9690

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9690

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CURTIS S. FEASTER

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: September; Day: 25; Year: 1969; Hour: M.

3. DATE PRONOUNCED DEAD — Month: September; Day: 25; Year: 1969; Hour: 12:01 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 517 Cathedral Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1102

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-21-'27
10. AGE (In years last birthday): 42
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
E. STREET AND NUMBER: 517 Cathedral Street

11. BIRTHPLACE (State or foreign country): Petersburg, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ukn.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ukn.

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
17. SOCIAL SECURITY NO.: Ukn.
18. INFORMANT: Mary E. Feaster
ADDRESS: 1722 N. Calvert St. Baltimore, Md. 21202

MEDICAL CERTIFICATION

19. 4124

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 26, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-1969
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Faulkner, M.D.
25C. FUNERAL DIRECTOR: McCully
ADDRESS: 1306 E. Fort Ave. Balto. Md. 21230

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-650 69 9691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9691

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANDREW MORAN

2. DATE AND HOUR OF DEATH: Sept. 28, 1969 | 6:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND | B. COUNTY: USA 601
C. CITY OR TOWN: BALTIMORE | D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 139 N. CURLEY ST (24)

5. SEX: M | 6. RACE: W | 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: 6/12/13 | 9. AGE (In years last birthday): 56 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman | 10B. KIND OF BUSINESS OR INDUSTRY: Variety Store | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Moran | 14. MOTHER'S MAIDEN NAME: Sophia Albert

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): not known | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 216-01-6637 | 17. INFORMANT: Constance Moran (wife) | ADDRESS: Same as patient

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepatic failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unk.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Portal cirrhosis — unk.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 23 1969 to Sept. 28 1969 that (I) (we) last saw the deceased alive on Sept 25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando A. Mendoza, MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ | 23B. DATE SIGNED: Sept 28, 1969

23C. PHYSICIAN'S NAME (Type): ROLANDO A. MENDOZA, MD DEGREE | 23D. ADDRESS: 100 N. Broadway St (31)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 10/1/69 | 24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cem. | 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969 | 25B. NAME OF REGISTRAR: [illegible] | 25C. FUNERAL DIRECTOR: [illegible] | ADDRESS: 2418 E Baltimore St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-200 69 9692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9692

1. NAME OF DECEASED (Type or Print): Cox, Roxie ANNa Roxie

2. DATE AND HOUR OF DEATH: 9/26/69 4:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 704
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1731 E. EAGER ST.

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-3-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Wadesboro, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: SIMUEL GATEWOOD
14. MOTHER'S MAIDEN NAME: HENRIETTA Parsons

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Edith Thompson
ADDRESS: 1731 E. Eager St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/25 1969 to 9/26 1969 that (I) (we) last saw the deceased alive on 9/26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dudley D. Goulden M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): DUDLEY D. GOULDEN DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Randolph Gollick
ADDRESS: 2431 E. Oliver St

VS 150-REV. 1/1/68

1

G-400 69 9693 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9693

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ADA F. GALLOWAY

2. DATE OF DEATH: Known [XX] Estimated [ ] Month 9 Day 7 Year 69 Hour 3:10 p.m.

3. DATE PRONOUNCED DEAD: Month Day Year September 7, 1969 Hour 3:10p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
48 Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1205

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: Sept. 20, 1931
10. AGE (In years last birthday): 37
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1712 St. Paul St.

11. BIRTHPLACE (State or foreign country): Pickens Co. S. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter D. Galloway
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookeeper
14B. KIND OF BUSINESS OR INDUSTRY: Retail Store
15. MOTHER'S MAIDEN NAME: Margarett Tompkins
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 340-44-0809
18. INFORMANT: Walter D. Galloway ADDRESS: Liberty, S. C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Confluent bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

485X

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES (HEAD)

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [XX]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: R H Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
DATE SIGNED: September 8, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/11/69
24C. NAME of CEMETERY or CREMATORY: Mile Creek Church Cemetery
24D. LOCATION (City, town, or county) (State): Pickens Co. S. C.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Foxley, M.D.
25C. FUNERAL DIRECTOR: GANTT FUNERAL HOME ADDRESS: LIBERTY, S. C.

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VS 151-REV. 1/1/68

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K-425 69 9694 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9694

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Edward B. Kilchenstein

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 26 Year: 69 Hour: 12:50 p.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 26 Year: 69 Hour: 12:50 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1637 N. Aisquith St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 409
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1637 N. Aisquith St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 8-16-1896
10. AGE (In years last birthday): 74
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown Kilchenstein

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.
14B. KIND OF BUSINESS OR INDUSTRY: Police Balto. City
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W I
17. SOCIAL SECURITY NO. 215-46-6401
18. INFORMANT: Mrs William T. DeVaughn ADDRESS: 135 Lyndale Avenue 21236

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 412.9
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/27/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-29-1969
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore City Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 1 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Road 21236

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VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-520 69 9695

REG. NO. 69 9695

1. NAME OF DECEASED (Type or Print): LILLIE AGNES JONES

2. DATE AND HOUR OF DEATH: SEPTEMBER 27, 1969 8:45 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 841

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3434 ELMLEY AVENUE

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 01-22-89

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN COLE

14. MOTHER'S MAIDEN NAME: LILLIE McGAN BALTO. MD.,

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. MM430-739762-890

17. INFORMANT: (MRS) HELEN F. BLANKFORD; ADDRESS: 9010 TAMMY RD #36, BALTO. MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIOGENIC SHOCK due to — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24-Hours.

DUE TO, OR AS A CONSEQUENCE OF:

(B) MYOCARDIAL INFARCTION;

DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

AORTIC ANEURYSM

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 26 1969 to SEPT 27 1969, that (I) (we) last saw the deceased alive on Sept 27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yu Sui Lit M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): YU SUI LIT MD DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL, BALTO., MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-30-1969

24C. NAME of CEMETERY or CREMATORY: Baltimore, Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore City Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Lasahn Funeral Home ADDRESS: 7401 Belair Road 21236

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-260 69 9696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9696

1. NAME OF DECEASED (Type or Print): JOSEFINA MENDEZ SEGARRA

2. DATE AND HOUR OF DEATH: SEPT. 28, 1969 2:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL 100 N. BROADWAY ST. (31)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: USA. 52-00
C. CITY OR TOWN: LAUREL
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 3383 Yellow Spring South

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-27-99
9. AGE (In years last birthday): 70 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PUERTO RICO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MATEO Dos SOTO
14. MOTHER'S MAIDEN NAME: JOSEFA VARGAS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 068-14-6836
17. INFORMANT: Allan Mendez (Son) ADDRESS: same as pt.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 250.0

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction and — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few Hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetic Ketoacidosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Uncontrolled Diabetes Mellitus — Indef.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Complete Heart Block — few Hrs.

19A. DATE OF OPERATION: Sept. 27/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Heart Block
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 27 1969 to Sept 28 1969 that (I) (we) last saw the deceased alive on Sept. 28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando A. Mendez M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept. 28, 1969
23C. PHYSICIAN'S NAME (Type): ROLANDO A. MENDEZ, M.D. DEGREE
23D. ADDRESS: 100 N. BROADWAY ST., BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Washington Blvd. Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 1 1969
25B. NAME OF REGISTRAR: Howard M. Fleck
25C. FUNERAL DIRECTOR: Laurel Funeral Home Inc. ADDRESS: 550 Washington Blvd. Laurel, Md. 20810

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-220 69 9697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9697

1. NAME OF DECEASED (Type or Print): MILDRED RUTH HISCOCK

2. DATE AND HOUR OF DEATH: 9/27/69 11:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 38 UNIVERSITY HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: City – Montebello State Hosp.
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER (Home Address): 515 KINGSTON RD. BALTIMORE, MD 21229

2854

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/2/1917
9. AGE (In years last birthday): 52
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Russell Schaffer
14. MOTHER'S MAIDEN NAME: ~~Not Known~~ Edith Steiger
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-07-2627
17. INFORMANT: Raymond Hiscock ADDRESS: 515 KINGSTON RD., BALTI., Md. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ruptured Esophageal Varice — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) Laennec's Cirrhosis — 7 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from August 24 1969 to Sept. 27 1969 that (I) (we) last saw the deceased alive on Sept. 27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen L. Winter M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/27/69
23C. PHYSICIAN'S NAME (Type): Stephen L. Winter M.D. DEGREE
23D. ADDRESS: Univ. of Md. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: FAIRVIEW
24D. LOCATION (City, town, or county) (State): Mercersburg, Pa. 17236

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: Mercersburg, Pa.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. O-354 69 9698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9698

1. NAME OF DECEASED (Type or Print): O'DONNELL, HAZEL VIRGINIA

2. DATE AND HOUR OF DEATH: SEPTEMBER 28, 1969 | 3:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 ST. AGNES HOSPITAL
WILKENS & CATON AVENUES
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 21228 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 17 FUSTING AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 02-24-18
9. AGE (In years last birthday): 51
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: LOUIS MILLER
14. MOTHER'S MAIDEN NAME: ALBERTA POMOEROY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219303280
17. INFORMANT: BALTIMORE, MD. 21229 ADDRESS: ST. AGNES HOSP. RECORDS-WILKENS & CATON

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 442X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aspiration pneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) clipping of lt internal carotid Aneurysm
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 14 1969 to SEPTEMBER 28 1969 that (I) (we) last saw the deceased alive on SEPTEMBER 28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 09-28-69
23C. PHYSICIAN'S NAME (Type): DR. ALONSO MD DEGREE
23D. ADDRESS: ST. AGNES HOSP - BALTO. MD. 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: ST. Louis Cem.
24D. LOCATION (City, town, or county) (State): HOWARD Co. Md. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: [signature] ADDRESS: 3017 Frederick Rd Balto Md

VS 150-REV. 1/1/68

C-500 69 9699

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9699

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Chaney, Vernon

2. DATE AND HOUR OF DEATH: 9-27-69 2:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 43
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. Baltimore Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Harford Co. 6200
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2101 Harford Road Fallston, Md. 21047

5. SEX: Male
6. RACE: Cau.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-10-1920
9. AGE (In years last birthday): 49
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Martins
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Chaney
14. MOTHER'S MAIDEN NAME: Mary Reilly
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W W 11
16. SOCIAL SECURITY NO.: 219-01-7915
17. INFORMANT: Mrs Edith M. Chaney 2101 Harford Road
ADDRESS: Fallston, Md. 21047

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
410.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-27- 1969 to 9-27- 1969, that (I) (we) last saw the deceased alive on 9-27- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Kermit P. Bonovich, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): KERMIT P. BONOVICH M.D. DEGREE
23D. ADDRESS: 1916 Belair Road, FALLSTON, MD. 21047

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-30-1969
24C. NAME of CEMETERY or CREMATORY: Bel Air Memorial
24D. LOCATION (City, town, or county): Bel Air (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Hasahi
ADDRESS: 749 Belair Rd

VS 150-REV. 1/1/68

BIRTH NO. D-650 69 9700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9700

1. NAME OF DECEASED (Type or Print): DAISY BROWN.

2. DATE AND HOUR OF DEATH: 9-26-1969 1.25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSPITAL.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 2001

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1823 W MULBERRY ST.

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4/19/94 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): S Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Childs

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. 214-14-8877

17. INFORMANT: ADDRESS: MONTEBELLO STATE HOSPITAL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

203X

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple Myeloma.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Congestive heart failure -

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

none.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/24/ 1969 to 9/26 1969, that (I) (we) last saw the deceased alive on 9/25 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Fuxa M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): JORGE FUXA M.D. DEGREE

23D. ADDRESS: 2201 ARGONNE DR. BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-1-69

24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Elmer Wilson

ADDRESS: 1011 Brantley Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-300 69 9701 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9701

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Garfield White

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 27 Year: 69 Hour: 10:00 p.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 27 Year: 69 Hour: 10:00 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 512 Edgewood St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2037

6. SEX: male

7. RACE: colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Oct 6 1930

10. AGE (In years last birthday): 38

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 512 Edgewood St.

11. BIRTHPLACE (State or foreign country): Lynchburg Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elick White

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Fanny

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Daisy White ADDRESS: 512 Edgewood Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty alteration of liver

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/28/69

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: Oct 2/69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State): Lynchburg Va.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Milton E. Gluckman

ADDRESS: 1129 N. Carlton St

VS 151-REV. 1/1/68

1

J-525 69 9702 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9702

BIRTH NO.

2178

1. NAME OF DECEASED (Type or Print): OTIS JOHNSON Jr.

2. DATE OF DEATH: Known [X] Estimated [ ] Month 9 Day 28 Year 69 Hour 3:15 P.M.

3. DATE PRONOUNCED DEAD: Month September Day 28, Year 1969 Hour 3:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 817 N. Central Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1002

6. SEX: Male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: Nov 5/38

10. AGE (In years last birthday): 31

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 817 N. Central Ave.

11. BIRTHPLACE (State or foreign country): Greensboro N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis Johnson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Dorothy Fryar

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Dorothy Johnson ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

304.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Intravenous narcotism

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [XX]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: R S Fisher M.D.

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

DATE SIGNED: 9/29/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct 2/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: Milton E. Erickson ADDRESS: 1129 N. Carlton St

VS 151-REV. 1/1/68

Letter from M.E.'s office 8-24-70 M.H.

F-645

BIRTH NO. 69 9703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9703

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FURLONG, WILLIAM EDWARD

2. DATE AND HOUR OF DEATH: SEPTEMBER 30, 1969 5:45PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2531

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4904 STAFFORD STREET

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11 21 02

9. AGE (In years last birthday): 66

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED-CLERK

10B. KIND OF BUSINESS OR INDUSTRY: B & O RAILROAD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: MICHAEL J FURLONG

14. MOTHER'S MAIDEN NAME: MARY (BYRNE)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705 05 2894

17. INFORMANT: ST AGNES RECORDS-BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from SEPT. 26 19 69 to SEPT 30 19 69 that (X) (we) last saw the deceased alive on SEPT. 30 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 09 30 69

23C. PHYSICIAN'S NAME (Type): ADOLFO ALONSO DEGREE

23D. ADDRESS: ST AGNES HOSP. CATON & WILKENS AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/3/69

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Avenue. ADDRESS: 21229

VS 150-REV. 1/1/68

F-630 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9704

REG. NO. 69 9704

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FRATTA, Christina

2. DATE AND HOUR OF DEATH: OCTOBER 1, 1969 | 4:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2610

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 252 S. Highland Avenue

5. SEX: Female

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12/12/26

9. AGE (In years last birthday): 42

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Liverpool, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Spittle

14. MOTHER'S MAIDEN NAME: Margaret Kenge

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. John Fratta

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ANASARCA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) VENOUS OCCLUSIVE DISEASE — 9 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C) SYSTEMIC DYSPROTEINEMIA SYNDROME

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 21, 1969 to October 1, 1969, that (I) (~~we~~) last saw the deceased alive on October 1, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Richard Bensinger MD (DEGREE) — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Oct. 1, 1969

23C. PHYSICIAN'S NAME (Type): Richard Bensinger, M.D. (DEGREE)

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/3/69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: J. Mazzanovich

ADDRESS: 413 S. Conkling St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 69 9705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9705

1. NAME OF DECEASED (Type or Print): BRANHAM, ANDREW JACKSON, JR.

2. DATE AND HOUR OF DEATH: September 25, 1969 | 8:40 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 105
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 114 S. Patterson Park Ave.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 2-11-25
9. AGE (In years last birthday): 44
If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roof Painter
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Branham
14. MOTHER'S MAIDEN NAME: Bessie Stevens

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 8-28-43 to 11-16-45
16. SOCIAL SECURITY NO.: 404-20-0487
17. INFORMANT: Records V. A. Hospital
ADDRESS: 3900 Loch Raven Blvd., Baltimore, Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

5219

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac arrest suspected	10 minutes
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Cirrhosis of liver	long standing
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from September 12, 1969 to September 25, 1969 that I (we) last saw the deceased alive on September 25, 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE
DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/26/69
23C. PHYSICIAN'S NAME (Type): Gwendolyn Jewell, M.D.
DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd. Baltimore, Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Frederick Rd Baltimore

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Fabe, M.D.
25C. FUNERAL DIRECTOR: Joseph Zammino
ADDRESS: 463 S. Conkling St

VS 150-REV. 1/1/68

B-624 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9706 Registered No. 69 9706

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): Mary R. Bregel

2. DATE AND HOUR OF DEATH: 10-1-69 | 5 50 A M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 7928 Philadelphia Rd.

5. SEX: F
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): WIDOW
8. DATE OF BIRTH: 3/10/05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? Baronowski
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-12-0195
17. INFORMANT: JOSEPHINE JAZWINSKI
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: ≈15 days
DUE TO
(B) Rheumatoid Arthritis
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8-15 1969 to 10-1 1969, that (I) (we) last saw the deceased alive on 10-1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Boddie M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10/1/69
23C. PHYSICIAN'S NAME (Type): William L. Boddie M.D.
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: BALTIMORE CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Taylor M.D.
25C. FUNERAL DIRECTOR: JOHN M. WEBER & SONS INC.
ADDRESS: 401 S. CHESTER ST

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-650 69 9707

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9707

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James J. Byrum

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 29 Year: 69 Hour: 4:40 p.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 29 Year: 69 Hour: 4:40 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1836 Eastern Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 202

6. SEX: male

7. RACE: white

8. ~~MARRIED~~ [ ] NEVER MARRIED [ ] ~~WIDOWED~~ [ ] DIVORCED [✓]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: Nov. 11, 1900

10. AGE (In years last birthday): 68 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 1836 Eastern Ave.

11. BIRTHPLACE (State or foreign country): ~~Va.~~ North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~unknown~~ James Luther Byrum

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): —

17. SOCIAL SECURITY NO.: 092-01-3402

18. INFORMANT: Mr. James F. McCabe ADDRESS: 5513 Minnesota Ave. Balto 21215

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER'S: [signature] M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/30/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-3-1969

24C. NAME of CEMETERY or CREMATORY: Mt. Pleasant Cemetery Gamber Carroll Co. Md.

24D. LOCATION (City, town, or county) (State): Gamber, Carroll Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Taylor M.D.

25C. FUNERAL DIRECTOR: Lorenzo Byers ADDRESS: 8728 Liberty Rd. Randallstown Md.

VS 105 REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-632 69 9708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9708

1. NAME OF DECEASED (Type or Print): FRITZ, CHARLES F

2. DATE AND HOUR OF DEATH: 9-30-69 | 9:20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE, MD. 21228

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL CO. 5200
C. CITY OR TOWN: PASADENA
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 157 CORNFIELD RD. - 21122

5. SEX: M
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-12-00
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GUARD
10B. KIND OF BUSINESS OR INDUSTRY: PINKERTON SERVICE
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: JOHN FRITZ DEC'D
14. MOTHER'S MAIDEN NAME: BARBARA TAUBLER DEC'D
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 167-09-2698
17. INFORMANT: ST. AGNES RECORDS ADDRESS: WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia, Right upper Lobe — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Less than 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) A Bronchogenic Carcinoma of Lung
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-13-6 19 69 to 9-30 19 69 that (I) (we) last saw the deceased alive on 9-30- 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gloria J. Boonswang, M.d. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-30-69
23C. PHYSICIAN'S NAME (Type): DR. G. BOONSWANG, M. D. DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL WILKENS & CATON AVE. -

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/69
24C. NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Huber, M.D.
25C. FUNERAL DIRECTOR: Singleton Funeral Home/Glen Burnie, Md. ADDRESS: Robert P. Ware

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-100 69 9709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9709

1. NAME OF DECEASED (Type or Print): Mrs. Florence Davis Hoff

2. DATE AND HOUR OF DEATH: Sept. 27, 1969 9 45 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3515 N. Calvert St. 00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 12.02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3515 N. Calvert St.

5. SEX: female 6. RACE: white 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 13, 1884 9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Pinkney Lee Davis
14. MOTHER'S MAIDEN NAME: Florence Steele

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-46-1408
17. INFORMANT: Mr. Snowden Hoff, Jr. ADDRESS: 3919 Cloverhill Rd. Balto. Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 569.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septic intestinal hemorrhage — 12 hrs.
DUE TO, OR AS A CONSEQUENCE OF: Massive, Cause undetermined

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerosis —

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
N.B. Reported approved & released by police examiner 9/27/69
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1964 19 to Sept 27 19 69, that (I) (we) last saw the deceased alive on 1964 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W. G. Helfrich DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): Dr. William G. Helfrich DEGREE
23D. ADDRESS: 5006 Roland Ave. Balto., Md. 21210

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Pine Grove Cemetery
24D. LOCATION (City, town, or county) (State): Mt. Airey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home ADDRESS: 6500 York Rd. Balto., Md. 21212

0 0 0 0 1 0 6 9 5

VS 150-REV. 1/1/68

B-320 69 9710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9710

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CARRIE B BATES

2. DATE AND HOUR OF DEATH: 9-28-69 4:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 2738
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1418 Walker Ave

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/10/1898
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cleveland, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Newton Ashbrook
14. MOTHER'S MAIDEN NAME: Jennie Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. D 057 16 3987
17. INFORMANT: Miss Helen J. Bates ADDRESS: 1418 Walker Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RUPTURED AORTIC ANEURYSM

DUE TO, OR AS A CONSEQUENCE OF:

(B) HYPERTENSIVE ARTERIOSCLEROTIC DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 1969 to Sept 28th 1969, that (I) (we) last saw the deceased alive on Sept 18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Menendez, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-28-69
23C. PHYSICIAN'S NAME (Type): MARCIO M. MENENDEZ, M.D. DEGREE
23D. ADDRESS: 5820 YORK RD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Cemt.
24D. LOCATION (City, town, or county) (State): Taylor Ave Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Miller, M.D.
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-462 69 9711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9711

1. NAME OF DECEASED (Type or Print): Louise M. Clark

2. DATE AND HOUR OF DEATH: 9/28/69 | 9 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1202
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3405 Greenway

5. SEX: female 6. RACE: white 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 5/18/70 9. AGE (In years last birthday): 98 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James Clark
14. MOTHER'S MAIDEN NAME: Elizabeth Logue

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-44-8763
17. INFORMANT: Mr. Albert Baker 1607 Park Ave. Balto. Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.3
(A) IMMEDIATE CAUSE: ASHD
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pneumonia.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 1956 to Sept 28 1969 that (I) ~~(we)~~ last saw the deceased alive on 9/28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type): F.M. Dugan MD DEGREE
23D. ADDRESS: 15 E. Biddle St Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home 6500 York Road Balto., Md. 21212 ADDRESS

VS 150-REV. 1/1/68

T-460 69 9712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9712

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles D. Taylor Sr. CHARLES TAYLOR

2. DATE AND HOUR OF DEATH Sept 30, 1969 | 10:51 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

138 South Baltimore General Hospital

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore 5300

C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER 8 Oakwood Rd

5. SEX Male 6. RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 5-19-11 9. AGE (In years last birthday) 58 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Foreman Steel Factory work

10B. KIND OF BUSINESS OR INDUSTRY - Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wilbur Taylor

14. MOTHER'S MAIDEN NAME L. Mabel France

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 478-01-0434

17. INFORMANT (Wife) Mrs. Amy Taylor, ADDRESS 8 Oakwood Road Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. 038.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute Cardio-pulmonic Failure	2 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Septicemia	10 days
DUE TO, OR AS A CONSEQUENCE OF: (C)	Perforated abdominal Viscus	2 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Chronic Pulmonary Obstructive disease

19A. DATE OF OPERATION 39-24-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Acute Abd - Perforated Viscus

20A. AUTOPSY? (Yes or No) Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner) (—)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (—)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) (—)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) (—)

21E. INJURY OCCURRED While At Work ☐ (—) Not While At Work ☐

21F. HOW DID INJURY OCCUR? (—) (—)

22. I certify that (I) (this hospital) attended the deceased from Sept 24 1969 to Sept 30 1969 that (I) (we) last saw the deceased alive on Sept 30 @ 10:51 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Napoleon Abando MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 9-30-69

23C. PHYSICIAN'S NAME (Type) NAPOLEON P. ABANDO MD DEGREE

23D. ADDRESS South Balt. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 10/3/69

24C. NAME of CEMETERY or CREMATORY Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 8 1969

25B. NAME OF REGISTRAR Robert E. Tabler, M.D.

25C. FUNERAL DIRECTOR John J. Duda, ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-130 69 9713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. No. 69 9713

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DAVIS, William

2. DATE AND HOUR OF DEATH: 9/30/69 | 6:10 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Allegany 5102

C. CITY OR TOWN: Cumberland D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1519 Rosewood Avenue 21502

5. SEX: Male

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/18/20

9. AGE (In years last birthday): 49 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W.Md. R.R.

10B. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wilbur Davis

14. MOTHER'S MAIDEN NAME: Eva Hershey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Wm. R Davis ADDRESS: Cumb. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

403X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Hypertension — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 1 19 69 to Sept 30 19 69 that (I) (we) last saw the deceased alive on Sept 30 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Horvath M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/30/69

23C. PHYSICIAN'S NAME (Type): William L. Horvath, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/3/69

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.

24D. LOCATION (City, town, or county) (State): Cumberland Allegany Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Davis Stein Inc. ADDRESS: Cumb. Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-635 69 9714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9714

1. NAME OF DECEASED (Type or Print): David N. Martin

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2404
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1809 Westphal Place

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: May 2, 1899
9. AGE (In years last birthday): 70
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10B. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: William Martin
14. MOTHER'S MAIDEN NAME: Lottie Geisler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Charles Martin ADDRESS: 1809 Westphal Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. 491X		
(A) IMMEDIATE CAUSE	Chronic Obstructive Pulmonary Disease	Years
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Pulmonary Fibrosis	Years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Acute Bronchitis + Emphysema	Years
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Generalized Arteriosclerosis	Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1965 19 to Oct. 1 1969, that (I) (we) last saw the deceased alive on 9/24 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Walter Kohn DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/1/69
23C. PHYSICIAN'S NAME (Type): WALTER KOHN DEGREE
23D. ADDRESS: 102 E. FORT AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10 4 69
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Brooklyn, A. A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Tabor M.D.
25C. FUNERAL DIRECTOR: McCully ADDRESS: 130 E. Fort Ave

VS 150-REV. 1/1/68

30-16-68JD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9715

BIRTH NO. M-620 69 9715

1. NAME OF DECEASED (Type or Print): Woodrow DANIEL W. MEYERS

2. DATE AND HOUR OF DEATH: 9-28-69 5:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals 4940 Eastern ave. Baltimore, md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 104
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2229 Eastern ave. 21224 007

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-8-18
9. AGE (In years last birthday): 51
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembly Line
10B. KIND OF BUSINESS OR INDUSTRY: Bendix
11. BIRTHPLACE (State or foreign country): Eckheart Maryland
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Talmadge Meyers
14. MOTHER'S MAIDEN NAME: Margaret Orndorf

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 162-16-5811
17. INFORMANT: BCH: Records: 4940 Eastern ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. 1B. 573.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: UGI BLEEDING
DUE TO, OR AS A CONSEQUENCE OF: 2° TO VARICES

(B) CHOLESTATIC HEPATITIS
DUE TO, OR AS A CONSEQUENCE OF:

(C) (? DRUG INDUCED) (? BILIARY CIRRHOSIS)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): SUBPHRENIC ABSCESS

19A. DATE OF OPERATION: 8-11-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CHOLESTATIC JAUNDICE
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-24 19 69 to 9-28 19 69, that (I) (we) last saw the deceased alive on 9-28 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William E. Powers Jr. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-28-69
23C. PHYSICIAN'S NAME (Type): WILLIAM E. POWERS, JR. DEGREE
23D. ADDRESS: 4940 Eastern Ave Baltimore City Hospitals Baltimore, Md 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/1/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Tabey
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-516 69 9716

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Registered No. 69 9716

1. NAME OF DECEASED (Type or Print): Elmer C Lambert

2. DATE AND HOUR OF DEATH: 9/25/69 | 5 A. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 43 So Balto Gen Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: AACO. 5200

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Glen Burnie

D. STREET ADDRESS (If rural, give location): 419 Burwood Ave

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	Married	9/19/20	49		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt	Construction	W.Va.	USA

13. FATHER'S NAME: Bernie Lambert

14. MOTHER'S MAIDEN NAME: Unk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW 11		Mrs Beulah Lambert	419 Burwood Ave 21061

MEDICAL CERTIFICATION

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Acute Myocardial Infarction — 10 min

DUE TO

(B) Arteriosclerotic Cardiovascular Dis — 3 yrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/16 1969 to 9/25 1969, that (I) (we) last saw the deceased alive on 9/18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin Berdann M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-26-69

23C. PHYSICIAN'S NAME (Type) M.D.

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	9/29/69	Glen Haven Mem Pk	Glen Burnie AA Co	Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 8 1969	Robert E. Talbert, M.D.	McCully F.H.	737 Patapsco ave 21225

VS 150-REV. 1/1/63

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-512 69 9717

REG. NO. 69 9717

1. NAME OF DECEASED (Type or Print): ELIZABETH CAMPUS

2. DATE AND HOUR OF DEATH: SEPTEMBER 27 69 12:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

14

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2741

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5002 ARDMORE WAY

5. SEX: F

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: SEPT 26, 1889

9. AGE (In years last birthday): 80

If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: FRANK SONNA

14. MOTHER'S MAIDEN NAME: MARIA ~~DESANNA~~ Bazzoni

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Josephine ~~DORA~~ DEUTCH

ADDRESS: 5518 SUMMERFIELD AVE. BALTO.

MEDICAL CERTIFICATION

1B. 4-12-47

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: PNEUMONIA

DUE TO, OR AS A CONSEQUENCE OF:

(B) CEREBRO-VASCULAR ACCIDENT

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 DAYS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): DECUBITUS ULCER

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 22 1969 to SEPT 27 1969, that (I) (we) last saw the deceased alive on SEPT. 27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yu Sui Lit M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-27-69

23C. PHYSICIAN'S NAME (Type): YU SUI LIT MD DEGREE

23D. ADDRESS: UNION MEMORIAL Hosp., BALTO. MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-30-69

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: John C. Miller Inc

ADDRESS: 6415 Belair Road-21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-413 69 9718

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO 69 9718

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Russell F. Talbott

2. DATE OF DEATH: Known [X] Estimated [ ] Month 9 Day 28 Year 69 Hour 2:20 P.M.

3. DATE PRONOUNCED DEAD: Month 9 Day 28 Year 69 Hour 2:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1322 Morling Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1348

6. SEX: Male

7. RACE: White

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Feb 6 1912

10. AGE (In years last birthday): 57 ~~58~~ If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1322 Morling Ave.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert F Talbott

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

14B. KIND OF BUSINESS OR INDUSTRY: Bolt & Nut Mfgr

15. MOTHER'S MAIDEN NAME: LAURA B WARNER

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 215 071454

18. INFORMANT: Myrtle C Talbott ADDRESS: SAME

MEDICAL CERTIFICATION

19. 4124

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [XX] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: R S Fisher M.D.

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9-29-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY: Sater's Cemetery

24D. LOCATION (City, town, or county) (State): Brooklandville, Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Jones M.D.

25C. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: Balto Md

By Wm. McClenney Jr

VS 15 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-608 69 9719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9719

1. NAME OF DECEASED (Type or Print): William J. Bray

2. DATE AND HOUR OF DEATH: 9-27-69 | 11:02 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 37
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2607
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 724 Ponca Street

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 12 1911
9. AGE (In years last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10B. KIND OF BUSINESS OR INDUSTRY: Motor Freight
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Guy S Bray
14. MOTHER'S MAIDEN NAME: Katie E Leap

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 215055999
17. INFORMANT: Mrs Evelyn Myers
ADDRESS: 609 McHenry Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Peritonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Anastamotic leak, intestinal — Days.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Adhesions & bowel resection — Unk.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8-9-69 9-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Adhesions
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-22 19 69 to 9-27 19 69 that (I) (we) last saw the deceased alive on 9-27 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cedon L. Hawbaker, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Balto National Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Victor [illegible] M.D.
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: Balto Md

VS 150-REV. 1/1/68

55-14-37 djs 1

W-300 69 9720

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9720

1. NAME OF DECEASED (Type or Print): WHITE, ALBERT HICKS

2. DATE AND HOUR OF DEATH: 9-26-69 | 11:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals 31 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1348

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3600 Falls Road 21211

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-31-00

9. AGE (In years last birthday): 69 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10B. KIND OF BUSINESS OR INDUSTRY: Landscaping

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas White

14. MOTHER'S MAIDEN NAME: Knotts, Catherine

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 139 269030

17. INFORMANT: BCH: Records ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung — Approximate interval between onset and death: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonia — 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). metastases to lumbar spine and femur — 1 year

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/19 1969 to 9/26 1969 that (I) (we) last saw the deceased alive on 9/26 11:30 AM 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ([redacted]) view the body after death.

23A. SIGNATURE: David M. Shames, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/26/69

23C. PHYSICIAN'S NAME (Type): DAVID M. SHAMES M.D. DEGREE

23D. ADDRESS: ~~4940 Eastern Avenue~~ Fernwood Rd. Baltimore, Md. 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-30-69

24C. NAME of CEMETERY or CREMATORY: Middleburg Cem

24D. LOCATION (City, town, or county) (State): Middleburg, Carroll Co Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Bailey M.D.

25C. FUNERAL DIRECTOR: Burger Funeral Home

ADDRESS: Baltimore Md

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

1

5.600

L-000

69 9721 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9721

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELIJAH LEE (SHORE)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: October 1,1969 8:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 PROVIDENT HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1602

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 8-3-1931
10. AGE (In years last birthday): 38 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
E. STREET AND NUMBER: 1304 W. Lafayette Avenue

11. BIRTHPLACE (State or foreign country): Cross, South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unk.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Precision Cont.
15. MOTHER'S MAIDEN NAME: Janie Lee

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
17. SOCIAL SECURITY NO.: 249-46-2830
18. INFORMANT: Mrs. Ruby Lee Reaves ADDRESS: 1304 W. Lafayett

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E961X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive gastrointestinal hemorrhage from

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) duodenal ulcer,acute, complicating chemical

(C) burns of the body

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No)

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1304 W. Lafayette Avenue 1602

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-30-69 P.M.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Acid was thrown on subject

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Rock Cemetery
24D. LOCATION (City, town, or county) (State): Utah, South Carolina

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

M-600

BIRTH NO. 69 9722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9722

1. NAME OF DECEASED (Type or Print): Moore, Mary

2. DATE AND HOUR OF DEATH: 9-30-69 | 7:15 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39 Provident Hospital, Inc.

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Division St. Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1501

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1734 N. Calhoun Street

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-22-20

9. AGE (In years last birthday): 49

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Smith

14. MOTHER'S MAIDEN NAME: Katherine Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. James Moore (Husband) ADDRESS: Unknown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Uremia

DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute Myocardial Infarction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: From 9-27/69 to 9-30/69

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 27, 19 69 to September 30 19 69 that (I) (we) last saw the deceased alive on September 30, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Corpuz, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-30-69

23C. PHYSICIAN'S NAME (Type): Raymundo R. Corpuz M.D. DEGREE

23D. ADDRESS: 1514 Division Street Baltimore, M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-4-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

9 0 0 0 8 7 0 8

25C. FUNERAL DIRECTOR: MORTON & DYATT F.H.

ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-250 69 9723

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9723

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ADDIE JACKSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 30, 1969 Hour 8:35 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1608
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 601 London Avenue

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 10-15-1906
10. AGE (In years last birthday): 62
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Winnsboro, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jerry Kinsler

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
14B. KIND OF BUSINESS OR INDUSTRY: Resturant
15. MOTHER'S MAIDEN NAME: Hattie Kennedy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 217-01-0163
18. INFORMANT: Mrs. Costella Jackson ADDRESS: 601 Louden Ave.

MEDICAL CERTIFICATION

19. E814.7

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple Injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Edmondson Ave. and London Ave. 1608

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Sept. 30, 1969 8:08 P.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by car.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. CO., Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68 N869.0

M-214

BIRTH NO. 69 9724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9724

1. NAME OF DECEASED (Type or Print): NATALIE DELORES McFALL

2. DATE AND HOUR OF DEATH: 30 SEPTEMBER 69 9.40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 2102
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1443 S. HAMBURG ST. 21230

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/8/33
9. AGE (In years last birthday): 35
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CASE WORKER
10B. KIND OF BUSINESS OR INDUSTRY: POVERTY PROGRAM
11. BIRTHPLACE (State or foreign country): MARYLAND, Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: PHILLIP WHITNEY
14. MOTHER'S MAIDEN NAME: MARY ALTON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-32-6806
17. INFORMANT: Mrs Maxine Whitney
ADDRESS: 1317 Bayard St.

MEDICAL CERTIFICATION

18. 395.7 H-593.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: POST-OPERATIVE AORTIC VALVE REPLACEMENT FOR AORTIC STENOSIS — 3 MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(B) SERUM HEPATITIS — 10 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(C) INTRACTABLE CARDIAC ARRYTHMIA — 3 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23/ 19 69 to 9/30/ 19 69 that (I) (we) last saw the deceased alive on 9/30/ 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Andrew M. Doyle DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/30/69
23C. PHYSICIAN'S NAME (Type): ANDREW M. DOYLE DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Morton & Dyett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-500 69 9725

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9725

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES PATRICK LYNN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 30, 1969 8:20 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 800 Bethune Road Apt. 1-B

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2562

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 3-17-1942
10. AGE (In years last birthday): 27
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
E. STREET AND NUMBER: 2822 Bookert Drive

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alonzo Lynn

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lizzie Dempsey

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.
17. SOCIAL SECURITY NO. 219-38-6793
18. INFORMANT: Mr. Alonzo Lynn ADDRESS: 2822 Booker Dr.

MEDICAL CERTIFICATION

19. 304.9 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Intravenous Narcotism

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9726

BIRTH NO. H-536 69 9726

1. NAME OF DECEASED (Type or Print): LOUISE HUNTER

2. DATE AND HOUR OF DEATH: Sept. 26, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2802 W. Lanvale Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1606
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2802 W. Lanvale Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-19-1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Abbeyville, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Danley
14. MOTHER'S MAIDEN NAME: Unk.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bertha Allen ADDRESS: 2802 W. Lanvale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: A.S.C.V.D.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Extensive decubiti

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-15- 1969 to 9-26- 1969, that (I) (we) last saw the deceased alive on 9-22- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Barbu Calin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-30-69
23C. PHYSICIAN'S NAME (Type): BARBU CALIN DEGREE
23D. ADDRESS: 831 Poplar Grove Baltimore 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY LOCAL REGISTRAR: OCT 2 1969
25B. NAME OF LOCAL REGISTRAR: 1969 000 873
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-260 69 9727

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9727

BIRTH NO.

1. NAME OF DECEASED (Type or Print): VIVIAN MC CRAY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 25, 1969 Hour 9:22 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 127 South Exeter St.Apt. 11-c

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 302

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12-6-19
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 127 S. Exeter St., Apt. 11-C

11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gilbert Washington

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Maude Leflwick

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Florence Spann ADDRESS: 1104 Brentwood Ave

MEDICAL CERTIFICATION

19. 412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Hypertensive and arteriosclerotic
(A) IMMEDIATE CAUSE cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED September 25, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: Wm. G. MARCH ADDRESS: 928 E. North Ave

VS 191-REV. 1/1/68

B-250 69 9728

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9728

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BECKHAM, FREDERICK H.

2. DATE AND HOUR OF DEATH: 9-26-69 7:45 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GEN. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTIMORE 2562
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2826 Round Rd BALTO

5. SEX: M 6. RACE: B 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-1-01 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U.S. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH BECKHAM

14. MOTHER'S MAIDEN NAME: MATTIE WILSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-6879

17. INFORMANT: MRS MARY BECKHAM ADDRESS: 2826 ROUND RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Renal failure

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Arteriosclerotic Cardiovascular Disease ASCVD, CHF congestive Heart failure

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-13-1969 to 9-26-1969 that (I) (we) last saw the deceased alive on 9-26-1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Marcellino C. Lanzon M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-26-69

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/29/69

24C. NAME of CEMETERY or CREMATORY: MT. CALVARY CEM.

24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL CTY. MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: WM MARCH ADDRESS: 928 E NORTH AVE

VS 150-REV. 1/1/68

E-355 69 9729

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9729

1. NAME OF DECEASED (Type or Print): ROBERT EDMOND

2. DATE AND HOUR OF DEATH: 9/25/69 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 807

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1608 Ellsworth Street

5. SEX: M

6. RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9/13/85

9. AGE (In years last birthday): 84

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Edmonds

14. MOTHER'S MAIDEN NAME: Emly Edmonds

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Theodore Edmonds

ADDRESS: 1608 Ellsworth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs

DUE TO, OR AS A CONSEQUENCE OF: Septic shock

(B) DUE TO, OR AS A CONSEQUENCE OF: Pneumonitis.

(C) Status epilepticus & CVA.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CHRONIC LUNG DISEASE
ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/12/69 19 to 9/25 19 69 that (I) (we) last saw the deceased alive on Sept 25 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nicholas A. Volpicelli MD. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/25/69

23C. PHYSICIAN'S NAME (Type): Nicholas A. Volpicellli, Md. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/30/69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969

25B. NAME OF REGISTRAR: Robert E. Forbes, M.D.

25C. FUNERAL DIRECTOR: C. M. MARCH

ADDRESS: 928 E North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-2301

69 9730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9730

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY (ETTA) E. JUSTI (JUSTI)

2. DATE AND HOUR OF DEATH: 10-1-69 11:45 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1205
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 311 E. North Ave

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-15-82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren H. Shane
14. MOTHER'S MAIDEN NAME: Annie E. Kramer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-22-0055B
17. INFORMANT: Husband:
ADDRESS: Arthur B. Justi, 311 E. North Av. City 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arrhythmia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [redacted] (this hospital) attended the deceased from 9/27 19 69 to 10/1 19 69 that [redacted] (we) last saw the deceased alive on 10/1 19 69 and that in (my) ([redacted]) opinion death occurred on the date and hour and from the causes stated above. [redacted] (We) (did) ([redacted]) view the body after death.

23A. SIGNATURE: Alberto Barbedo, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/1/69
23C. PHYSICIAN'S NAME (Type): ALBERTO BARBEDO, M.D. DEGREE
23D. ADDRESS: Mercy Hosp. — Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Stewart & Mowen Co.
ADDRESS: 108 W. North Av. 21201

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-200 69 9731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9731

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hobart Mc Kinley Keys

2. DATE AND HOUR OF DEATH: Sept 29, 1969 3:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): George Washington Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 5800 Charles County
C. CITY OR TOWN: Waldorf, Md
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER:

5. SEX: Male
6. RACE: Col
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec 1, 1898
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charles County
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Phillip Key
14. MOTHER'S MAIDEN NAME: Mary Ellen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chart
ADDRESS: 607 Penn. Ave.

MEDICAL CERTIFICATION

18. 4109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CORONARY THROMBOSIS — DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B) AURICULAR FIBRILLATION — YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C) CONGESTIVE FAILURE — 3 YRS.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): CEREBRAL APOPLEXY — 2 weeks

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-28- 1969 to 9-29- 1969, that (I) (we) last saw the deceased alive on 9-26- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-30-69
23C. PHYSICIAN'S NAME (Type): Richard Tyson, M.D. DEGREE
23D. ADDRESS: 2320 Eutaw Place, Baltio. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Brick Shop Cemetery
24D. LOCATION (City, town, or county) (State): Waldorf Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Tedder M.D.
25C. FUNERAL DIRECTOR: Eulalia McCormon
ADDRESS: 2302 W. North Ave. Balt. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/6 Called Nursing home address is Waldorf, Md. CT

H-560 69 9732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9732

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE HENRY HAMER

2. DATE AND HOUR OF DEATH: SEPT. 30 1969 5⁰⁵ A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIV. OF MARYLAND HOSP.

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: — 1302

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: ~~1226~~ CALLOW AVE. 21217

5. SEX: M 6. RACE: N 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/11/15 9. AGE (In years last birthday): 54 If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSOR

10B. KIND OF BUSINESS OR INDUSTRY: CLEANERS

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE HAMER

14. MOTHER'S MAIDEN NAME: MARY EARLE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 338-16-3203

17. INFORMANT: HOSP. CHART ADDRESS

MEDICAL CERTIFICATION

18. 433.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: CEREBRAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: AUG 29, 1969

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: POLYPOID DEGEN. OF VOCAL CORDS

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from AUG 28 19 69 to SEPT 30 19 69 that (I) (~~we~~) last saw the deceased alive on SEPT 30 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Marvin J. Gordon M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Sept 30, 1969

23C. PHYSICIAN'S NAME (Type): MARVIN J. GORDON M.D. DEGREE

23D. ADDRESS: DEPT. MEDICINE UNIVERSITY HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-3-69

24C. NAME of CEMETERY or CREMATORY: BALTO. NAT'L. CEM.

24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Tilber M.D.

25C. FUNERAL DIRECTOR: W. R. BAILEY NELSON F. H. ADDRESS: 1348 CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/6/69 according to University Hospital the address should be 2226 Callow Ave. CI

P-620 69 9733

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 9733

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MARIE R. PARKS

2. DATE AND HOUR OF DEATH: 9-27-69 | 3:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: SOUTH BALTIMORE GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Dorchester 5913
C. CITY OR TOWN: CAMBRIDGE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 214 WEST END AVENUE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-10-196
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN PARK
14. MOTHER'S MAIDEN NAME: MAGGIE McCOY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 214-07-8460
17. INFORMANT: Patient's chart
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma tongue
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): ✓
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9-11 1969 to 9-27 1969 that ~~I~~ (we) last saw the deceased alive on 9-27 1969 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-27-69
23C. PHYSICIAN'S NAME (Type): DR SWINSKI DEGREE
23D. ADDRESS: 836 Parks Avenue Balt. Md 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/69
24C. NAME of CEMETERY or CREMATORY: Greenlawn Cemetery
24D. LOCATION (City, town, or county) (State): Cambridge, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Lecompte Funeral Service
ADDRESS: Cambridge, Md.

VS 150-REV. 1/1/68

BIRTH NO. C-160 69 9734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9734

1. NAME OF DECEASED (Type or Print): LIMA M. COOPER

2. DATE AND HOUR OF DEATH: 10-2-69 6:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 So. Balto. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2403
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1411 Bathurst Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-3-01
9. AGE (In years last birthday): 68 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN KOCH
14. MOTHER'S MAIDEN NAME: SOPHA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: EDWARD I. COOPER SR. ADDRESS: SAME as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-2 19 69 to 19 19 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Virginia Y. Fausto, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): VIRGINIA V. FAUSTO, M.D. DEGREE
23D. ADDRESS: South Baltimore General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Dorsey, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: McCotty
ADDRESS: 130 E. Fort Ave. 21230

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-155 69 9735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9735

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha Hoffman

2. DATE AND HOUR OF DEATH: 1 October 1969 | 5:08 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 2717

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5404 Clover Road

5. SEX: Female 6. RACE: Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/5/03 9. AGE (In years last birthday): 66 If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry

14. MOTHER'S MAIDEN NAME: Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Stanley Hoffman ADDRESS: 2806 Smith Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4109

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hr

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — 15 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 19 69 to 10/1/69 19 that (I) (we) last saw the deceased alive on 10/1/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Shear MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/1/69

23C. PHYSICIAN'S NAME (Type): Joseph Shear MD DEGREE

23D. ADDRESS: 6715 Park Heights Ave Balt 21215 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct 2, 1969

24C. NAME of CEMETERY or CREMATORY: Beth Jacob

24D. LOCATION (City, town, or county) (State): Finksburg Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Kelly, M.D.

25C. FUNERAL DIRECTOR: Sylvan Levin & Son ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-100 69 9736

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9736

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Webb, Rodney Andrew

2. DATE AND HOUR OF DEATH: Sep. 30 '69 | 7 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: PENNA. B. COUNTY: YORK V-35

C. CITY OR TOWN: DELTA D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER:

5. SEX: M 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 08/25/22 9. AGE (In years last birthday): 47 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10B. KIND OF BUSINESS OR INDUSTRY: Life Ins.

11. BIRTHPLACE (State or foreign country): Fawn Grove, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E. Webb

14. MOTHER'S MAIDEN NAME: Jessie S. Sommers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 154-12-3858

17. INFORMANT: Hospital Chart ADDRESS:

MEDICAL CERTIFICATION

18. 571.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: hepatic Failure — days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Intractable chronic hepatitis — 2 1/2 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). — E.F.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/4 19 69 to 9/30 19 69 that (I) (we) last saw the deceased alive on 9/30 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Sep-30

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS: The Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct. 3, 1969

24C. NAME of CEMETERY or CREMATORY: Fawn Grove

24D. LOCATION (City, town, or county) (State): Fawn Grove York Co. Pa.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: John H. Harkins ADDRESS: Delta, Pa.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-000 69 9737 REG. NO. 69 9737

1. NAME OF DECEASED (Type or Print): CHARLES D. SHAW

2. DATE AND HOUR OF DEATH: 10-1-69 10.40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2005
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2500 WILKENS AVE

5. SEX: M 6. RACE: W 7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-24-93 9. AGE (In years last birthday): 75 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: House painting
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT SHAW
14. MOTHER'S MAIDEN NAME: LEEANNA CHEAPAM

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 165-05-9083
17. INFORMANT: Lillian M. Shaw ADDRESS: 2500 Wilkens Ave

CAUSE OF DEATH

1B. 162.1+250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CA rt. lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ① Diabetes Mellitus ② ACVHD

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 15 1969 to Oct. 1 1969, that (I) (~~we~~) last saw the deceased alive on Sept. 30 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John F. Schaefer MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: Oct. 1 1969

23C. PHYSICIAN'S NAME (Type): JOHN F. SCHAEFER MD DEGREE — 23D. ADDRESS: 401 Random Rd. Balto. Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: London Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Lee, M.D.
25C. FUNERAL DIRECTOR: Ambrose Fu 1328 Sulphur Sp Rd. ADDRESS

VS 150-REV. 1/1/68

50-99-59 IT

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N1-624 69 9738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9738

1. NAME OF DECEASED (Type or Print): KATHERINE M MARKEL (Mary K. Markel)

2. DATE AND HOUR OF DEATH: 10-1-69 5:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 31 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2608
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 229 SOUTH EATON STREET #21224

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-19-86
9. AGE (In years last birthday): 83 84
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-07-4105-D
17. INFORMANT: RECORDS: BALTIMORE CITY HOSPITALS
ADDRESS: 4940 EASTERN AVENUE #21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 796.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respanest
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-31 1969 to 10-1-1969, that (I) (we) last saw the deceased alive on 10-1-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Haller DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 10-1-69
23C. PHYSICIAN'S NAME (Type): R HALLER DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE #21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Parkville, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Ullrich Funeral Home Dundalk, Md.
ADDRESS:

VS 150-REV. 1/1/68

1

72 96 23 RS
JONES . HARVEY S.
6 11 04

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9739

69 9739

1. NAME OF DECEASED (Type or Print): HARVEY S. JONES

2. DATE AND HOUR OF DEATH: 9-28-69 | 2.30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Talbot 7000
C. CITY OR TOWN: NEAVITT
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER:

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-11-04
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN
10B. KIND OF BUSINESS OR INDUSTRY: SEAFOOD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BRISK JONES
14. MOTHER'S MAIDEN NAME: MATTIE Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-32-7234
17. INFORMANT: HETTIE JONES ADDRESS: NEAVITT, MARYLAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

486 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARRHYTMIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) END STAGE HEART FAILURE, INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:
(C) PNEUMONIA

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): MYOCARDIAL IRRITABILITY

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/10 1969 to 9/28 1969, that (I) (we) last saw the deceased alive on 9/28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harvey G. Klein MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type): HARVEY G. KLEIN DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-1-69
24C. NAME of CEMETERY or CREMATORY: NEAVITT CEMETERY
24D. LOCATION (City, town, or county) (State): Neavitt TALBOT Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Carroll Hanby St. Michaels Md. ADDRESS: 21663

VS 150-REV. 1/1/68

1

0-216 69 9740 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9740

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALMA L. OSBORNE

2. DATE OF DEATH: Known XX Estimated ☐ — Month 9 Day 29 Year 69 Hour 9:49 a.m.

3. DATE PRONOUNCED DEAD: Month September Day 29 Year 1969 Hour 9:49 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2113 E. Balto. St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 105
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2113 E. Balto. St.

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 3-20-1921
10. AGE (In years last birthday): 48
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): BRISTOL VA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: HUGH PRUITT

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: ADIE HENELY

16. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: WILLIAM HICKS ADDRESS: 700 N LAKEWOOD AVE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy XX and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER XX
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/29/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: SHIPLEY'S CEMETERY
24D. LOCATION (City, town, or county) (State): Hickory TREE TENN.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: BLEVINS FUNERAL HOME ADDRESS: 417 LEE ST. BRISTOL VA. 24201

VS 151-REV. 1/1/68

Letter from M.E.'s office 9-1-70 M.H.

S-160 69 9741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9741

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Amparo Moreno Shaffrey

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 5:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital 3100 Wyman Parkway

2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore (Towson)

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1619 Landon Road

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/29/28

9. AGE (In years last birthday): 41

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colombia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Moreno

14. MOTHER'S MAIDEN NAME: Arango (Hermilia)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 1929

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Astrocytoma , grade IIII — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 24 19 69 to Oct. 1 19 69 that (I)/(we) last saw the deceased alive on Oct. 1 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) DEGREE

23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-4-1969

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Memorial

24D. LOCATION (City, town, or county) (State): Cockeysville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson ADDRESS: 1050 York Rd. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-200 69 9742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9742

1. NAME OF DECEASED (Type or Print): Conrad Otto Haas

2. DATE AND HOUR OF DEATH: 9/30/69 10:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2734
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6116 Belair Road

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: Oct 7, 1884
9. AGE (In years last birthday): 84
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocery Manager
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Haas
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-0563
17. INFORMANT: Mr Vernon F Haas
ADDRESS: 6317 Walther Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I
1B. 486 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/29/ 1969 to 9/30/ 1969, that (I) (we) last saw the deceased alive on 9/30/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald V Gillis MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/30/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 2 1969
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: Leonard J. Huck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO. P-164 69 9743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9743

1. NAME OF DECEASED (Type or Print): ARMANDO PAPARELLI

2. DATE AND HOUR OF DEATH: 10-1-69 9:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2735
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6913 HARFORD RD. BALTIMORE 21234

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-14-85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? ITALY
13. FATHER'S NAME: PETER PAPPARELLI
14. MOTHER'S MAIDEN NAME: MARIETTA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-01-3477
17. INFORMANT: GRACE PAPPARELLI
ADDRESS: 6913 HARFORD RD. 34

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4-12-4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: UREMIA & CONGESTIVE
DUE TO, OR AS A CONSEQUENCE OF: HEART FAILURE
(B) ASCVD & BENIGN PROSTATIC
DUE TO, OR AS A CONSEQUENCE OF: hypertrophy
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: PNEUMONIA

19A. DATE OF OPERATION: 8-26-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: BENIGN PROSTATIC HYPERTROPHY
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-21 19 69 to 10-1 19 69 that (I) (we) last saw the deceased alive on 10-1 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Vergara, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-1-69
23C. PHYSICIAN'S NAME (Type): CORAZON Z. VERGARA, M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL 100 N. BROADWAY, BALTO. MD. 31

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: Most Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Isabel E. Hawley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.
ADDRESS: 5305 Harford Rd. 21214

VS 150-REV. 1/1/68

V-425 69 9744

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9744

1. NAME OF DECEASED (Type or Print): Agnes B. Volckman

2. DATE AND HOUR OF DEATH: October 1, 1969 5:30 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belvedere Nursing Home 2525 West Belvedere Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 107 Oella Ave

5. SEX: Female

6. RACE: Caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb 9, 1886

9. AGE (In years last birthday): 83

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Caven

14. MOTHER'S MAIDEN NAME: Annie Schaffer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-1597

17. INFORMANT: Mr Rufus T Volckman

ADDRESS: Same

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4 + 188 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-Respiratory failure CVAD

DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Bladder

(B) DUE TO, OR AS A CONSEQUENCE OF: Generalized metastasis

(C) Gen & Cerebral Arteriosclerosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 23 1969 to Oct 1 1969, that (I) (we) last saw the deceased alive on Oct 1 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Willard Applefeld DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): Willard Applefeld M.D. DEGREE

23D. ADDRESS: 6615 Reisterstown Road Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/4/69

24C. NAME of CEMETERY or CREMATORY: St. John's Cemetery

24D. LOCATION (City, town, or county) (State): Ellicott City Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: [illegible], M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.

ADDRESS: 5305 Harford Rd. 21214

VS 100-REV. 11/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-640 69 9745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9745

1. NAME OF DECEASED (Type or Print): JOHN P. MERRILL

2. DATE AND HOUR OF DEATH: Oct 1, 1969 9:52 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Montebello State Hospital 91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2731
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3230 MONTEBELLO TERRACE

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-24-15
9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES MANAGER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CONNECTICUT
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: RALPH H. MERRILL
14. MOTHER'S MAIDEN NAME: HELEN SHEPHERD
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-09-3768
17. INFORMANT: MRS JUSTINE MERRILL ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Space occupying lesion — months
DUE TO, OR AS A CONSEQUENCE OF: occipital + Parietal lobe
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 15, 1969 to Oct 1, 1969, that (I) (we) last saw the deceased alive on Oct 1, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mohammad Inayatullah M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-1-1969
23C. PHYSICIAN'S NAME (Type): MOHAMMAD INAYATULLAH M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: PARKWOOD CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: John E. Talbert, M.D.
25C. FUNERAL DIRECTOR: LEONARD J. RUCK INC. ADDRESS: Balto. Md

VS 150-REV. 1/1/68

J-520 69 9746

BIRTH NO. 69-18741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9746

1. NAME OF DECEASED (Type or Print): BABY GIRL JONES

2. DATE AND HOUR OF DEATH: 10/1/69 8:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALT. CO. 5210

C. CITY OR TOWN: ANNAPOLIS D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1304 DREAMS LANDING

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-29-69 9. AGE (In years last birthday) If Under 1 Yr. Months: Days: 1 If Under 24 Hrs. Hours: 21 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: BARBARA

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. 770.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	hyaline membrane disease	45 hrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	prematurity	45 hrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	placenta previa	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

aspiration pneumonitis — 12 hrs.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/29 1969 to 10/1 1969 that (I) (~~we~~) last saw the deceased alive on 10/1 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

22A. SIGNATURE: James W. Hanson MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10/1/69

23C. PHYSICIAN'S NAME (Type): JAMES W. HANSON M.D. DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 10/2/69

24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital

24D. LOCATION (City, town, or county) (State): 601 N. Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR ADDRESS: HOSPITAL DISPOSAL

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-610 69 9747 REG. NO. 69 9747

1. NAME OF DECEASED (Type or Print): MRS. ELLA CRABBE

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 | 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon-Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Howard Baltimore 6300
C. CITY OR TOWN: Ellicott City D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3101 Elmmede Rd.

5. SEX: F 6. RACE: Cauc. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 12/24/79 9. AGE (in years last birthday): 89 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman A. Dubber
14. MOTHER'S MAIDEN NAME: ~~Helen~~ Heine

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 187-36-5723
17. INFORMANT: Mrs. Helene Briers ADDRESS: 3101 Elmmeade, Ellicott City 21043

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cardiovascular disease — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9.27.1969 19 to 10.1.69 19 that ~~(I)~~ (we) last saw the deceased alive on 10.1.69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10.1.1969
23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE
23D. ADDRESS: Bon-Secours Hospital Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Witzke Catonsville F.H., ADDRESS: 1630 Edmondson Av

VS 150 REV. 2/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-622 69 9748 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9748

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES BRICKUS

2. DATE OF DEATH: Known ☐ Estimated ☑ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 30,1969 Hour 7:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
CERTIFICATE AMENDED 10/10/69
CHURCH HOME AND HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 501

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 12/12/1929 ~~26~~
10. AGE (In years last birthday): 39
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 125 N. Colvin Street - Apt. 3D.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Odell Jones

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Margret Brickus 2630 Kent St

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yess
(If yes, give war or dates of service): 1910-45/7-10-46
17. SOCIAL SECURITY NO. 213-20-6407
18. INFORMANT: Ida Brickus
ADDRESS:

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Intracerebral Hemorrhage

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Fisher M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W. Barre St.

VS 151-REV. 1/1/68

10/10/69 - Correction form from funeral director. LBC.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-656 69 9749 REG. NO. 69 9749

1. NAME OF DECEASED (Type or Print): Nancy Lee Germroth

2. DATE AND HOUR OF DEATH: 5 AM Oct. 2, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 30 Enjay Avenue 21228

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 2/5/36 9. AGE (In years last birthday): 33 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Comfy Mfg. Co.

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert

14. MOTHER'S MAIDEN NAME: Josephine Holten

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-34-3688

17. INFORMANT: Mrs. Virginia Brittingham ADDRESS: 4536 Pen Lucy Rd. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic Breast Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(C) and gram negative sepsis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 8/6/ 1969 to Oct. 2 1969, that I (we) last saw the deceased alive on Oct. 2, 1969 and that In my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loren D. Lipson, MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Oct. 2, 1969

23C. PHYSICIAN'S NAME (Type): Loren G. Lipson, MD, DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-4-69

24C. NAME of CEMETERY or CREMATORY: Crestlawn

24D. LOCATION (City, town, or county) (State): Rt. 40 West at Sand Hill Rd. Howard County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR ADDRESS: Witzke 4101 Edmondson Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9750

BIRTH NO. J-525 69 9750

1. NAME OF DECEASED (Type or Print): Johnson, Annie N.

2. DATE AND HOUR OF DEATH: 10/2/69 | 3:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 604

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 117 N. Wolfe Street

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 7/28/98 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days Hours Min. 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Cottman

14. MOTHER'S MAIDEN NAME: HATTIE COTTMAN Howard

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-26-2989

17. INFORMANT: Mary Woodson ADDRESS

CAUSE OF DEATH

18. 209X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MYELOID METAPLASIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(B) MYELOID METAPLASIA

DUE TO, OR AS A CONSEQUENCE OF:

(C) ANASARCA, MYOCARDIAL FAILURE, SHOCK — 48-72 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/1 1969 to 10/2 1969, that (I) (we) last saw the deceased alive on 10/2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R S Aronson, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): R.S. ARONSON DEGREE 23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10-6-69 24C. NAME of CEMETERY or CREMATORY: Balto Nat Cem 24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: Roy Wilson ADDRESS: 1000 Bentley Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-525 69 9751

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9751

1. NAME OF DECEASED (Type or Print): ALBERT RANSON

2. DATE AND HOUR OF DEATH: October 1, 1969 | 4 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): KEY Circle Hospice

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1801
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 952 W. FRANKLIN ST.

5. SEX: MALE
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/28/29
9. AGE (In years last birthday): 40yr
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie RANSON
14. MOTHER'S MAIDEN NAME: GRACE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 247-46-3342
17. INFORMANT: Mary Napier
ADDRESS: Same

MEDICAL CERTIFICATION

E989 X

I

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) old subdural hematoma
DUE TO, OR AS A CONSEQUENCE OF:
(C) severe brain damage.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-26 1969 to Sept. 1 1969, that (I) (we) last saw the deceased alive on 9-26 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-1-69
23C. PHYSICIAN'S NAME (Type): Fernando B. Juliao M.D. DEGREE
23D. ADDRESS: 5428 1/2 Sinclair LA. Balto. Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Elroy Nelson
ADDRESS: 1021 Brentwood

N 83219

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-561 1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9752 REG. NO. 69 9752

1. NAME OF DECEASED (Type or Print): LILLIAN BURTON SUMMERVILLE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 30, 1969 Hour 3:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MARYLAND GENERAL HOSPITAL (DOA)

48/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1703

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Aug. 25, 1900

10. AGE (In years last birthday): 69

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 738 Pierce Street

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Edwards

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Mary E. Smith

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Hilliary Edwards ADDRESS: 1804 M St. N.E. WashDC

MEDICAL CERTIFICATION

19. 4124

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 9/30/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/4/1969

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT: OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home

ADDRESS: 3199 Lehordan St

VS 151-REV. 1/1/68

L-220 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9753 REG. NO. 69 9753

1. NAME OF DECEASED (Type or Print): Lucas, Caffie
2. DATE AND HOUR OF DEATH: 10-1-69 7:18 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital
   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1415 Divison Street, Baltimore, Maryland 21217
   39
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: Maryland
   B. COUNTY: 1303
   C. CITY OR TOWN: Baltimore
   D. INSIDE CITY LIMITS? YES [X] NO [ ]
   E. STREET AND NUMBER: 2232 Madison Ave.
5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-4-1902
9. AGE (In years last birthday): 66 ~~XX~~ 65
   If Under 1 Yr. Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Natchicothes, Louisiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Lucas
14. MOTHER'S MAIDEN NAME: Martha?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
    (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 435-10-2788
17. INFORMANT: Mrs. Fannie Lucas
    ADDRESS: Same

MEDICAL CERTIFICATION

18. 410.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Coronary Thrombosis	12 hrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertensive Cardio Vascular Disease	Feb. 1969 10 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-1-69 19 ____ to 10-1-69 19 ____ that (I) (we) last saw the deceased alive on 10-1-69 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Bradshaw Higgins M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): J. Bradshaw Higgins DEGREE
23D. ADDRESS: 1415 Divison St. Baltimore, Maryland

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME OF CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

T-4601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9754

REG. NO. 69 9754

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY E. TAYLOR (MARY E. TAYLOR)

2. DATE AND HOUR OF DEATH: 10-2-69 12:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Dukeland Convalescent + Nursing Home, 1501 Dukeland Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1511
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 3408 Rosedale Rd

5. SEX: F
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-25-90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY TAYLOR
14. MOTHER'S MAIDEN NAME: ALICE JOHNSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-32-3098
17. INFORMANT: Clarence J. Gittings, Jr.
ADDRESS: 3501 Rosedale Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 440.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5-7- 1969 to 9-30- 1969, that (I) (we) last saw the deceased alive on 9-30- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (didn't) view the body after death.

23A. SIGNATURE: Percival C. Smith, DEGREE
Attending Phys. [✓] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): Percival C. Smith MD, DEGREE
23D. ADDRESS: 4200 Edmondson Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-5-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-64 69 9755 REG. NO. 69 9755

1. NAME OF DECEASED (Type or Print) ANNA HUBBARD TRIPLER ANNA H. TRIPLER

2. DATE AND HOUR OF DEATH SEPT-27, 1969 6 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MONTEBELLO STATE HOSP. BALT.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY BALT. 1101
C. CITY OR TOWN BALT.
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER 817 St PAUL St.

5. SEX F 6. RACE W. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [1] DIVORCED [✓]

8. DATE OF BIRTH 11-6-87 9. AGE (In years last birthday) 81 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE · SALESLADY

10B. KIND OF BUSINESS OR INDUSTRY RETIRED COSMETICS

11. BIRTHPLACE (State or foreign country) JAPAN YOKOHAMA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME THOMAS H. TRIPLER.

14. MOTHER'S MAIDEN NAME ANNA - HUBBARD -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 058-01-7814

17. INFORMANT MILTON TALKIN ADDRESS 827 St Paul St.

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE — CHIEF OR ASST. MEDICAL EXAMINER

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis, Gen. — 30 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). None — 3 yrs

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) No.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3-9 1967 to 9-27 1969, that (I) (we) last saw the deceased alive on 9-27 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Raymond W. Herrmann DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] 23B. DATE SIGNED 9/27/69

23C. PHYSICIAN'S NAME (Type) RAYMOND W. HERRMANN DEGREE

23D. ADDRESS 2201 ARGUNE DRIVE MONTEBELLO HOSP. BALT.

24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 24B. DATE 9/29/69 24C. NAME of CEMETERY or CREMATORY Greenmount Crematory 24D. LOCATION (City, town, or county) (State) Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT. OCT 3 1969 25B. NAME OF REGISTRAR Robert E. Faber M.D. 25C. FUNERAL DIRECTOR HENRY SANDER & SONS INC. ADDRESS Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

SAB-50-17-85 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-200 69 9756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9756

1. NAME OF DECEASED (Type or Print): K. (Elizabeth Kraft Geise) Elizabeth Geise

2. DATE AND HOUR OF DEATH: 10-1-69 19 25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 906
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2926 Harford Road 21218

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-31-1875
9. AGE (In years last birthday): 94
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Martin Kraft
14. MOTHER'S MAIDEN NAME: Pauline Stenger
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-56-5639
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 431.1 Right chronic subdural Hematoma,
DUE TO, OR AS A CONSEQUENCE OF:
(B) Respiratory arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). generalized atherosclerosis, senility, BPH, Parkinsonism

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 9-27-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: left hemiplegia
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-25 1969 to 10-1 1969 that (I) (we) last saw the deceased alive on 10-1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mehdi Sarkarati M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-1-69
23C. PHYSICIAN'S NAME (Type): Mehdi Sarkarati M.D. DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224 Baltimore City Hospitals

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/4/69
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Henry Sander & Sons Inc.
ADDRESS: Baltimore Maryland

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9757

BIRTH NO. W-363 69 9757

1. NAME OF DECEASED (Type or Print): Anne Williams Whitridge

2. DATE AND HOUR OF DEATH: Sept. 30, 1969 6:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3900 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1201
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ** NO
E. STREET AND NUMBER: 3900 N. Charles Street

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ** DIVORCED ☐
8. DATE OF BIRTH: 4-1-1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: N. Winslow Williams
14. MOTHER'S MAIDEN NAME: Anne Foster
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-44-1165
17. INFORMANT: Mr. William C. Whitridge
ADDRESS: Stevenson, Md 21153

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 430 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage — Immediate
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertension
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to Sept 30 1969, that (I) (we) last saw the deceased alive on Sept 29 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Walter A. Baetjer DEGREE
Attending Phys. ✓ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: Oct 1-69
23C. PHYSICIAN'S NAME (Type): Dr. Walter A. Baetjer DEGREE
23D. ADDRESS: 1010 St. Paul Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-2-1969
24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery
24D. LOCATION (City, town, or county): Baltimore, (State) Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-163 69 9758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9758

BIRTH NO.

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): GEORGE SADTLER ROBERTSON

2. DATE AND HOUR OF DEATH: OCT. 2, 1969 9 05 a.m.

3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 210 E. Belvedere Ave. 10-21-69

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2712
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 210 E. Belvedere Ave.

5. SEX: Male ~~F~~
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH: 2-25-1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretarila Spec.
10B. KIND OF BUSINESS OR INDUSTRY: Office
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvin Robertson
14. MOTHER'S MAIDEN NAME: Emma Sadtler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-01-5804
17. INFORMANT: Mrs. William Richardson
ADDRESS: Ambassador Apartments

MEDICAL CERTIFICATION

18. 4/23 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: HEART ARTERIOSCLEROTIC DISEASE — 6 MOS
DUE TO, OR AS A CONSEQUENCE OF:
(B) GENERALIZED ARTERIOSCLEROSIS — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) PULMONARY EMPHYSEMA — 5 YRS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?: —

22. I certify that (I) (~~this hospital~~) attended the deceased from SEPT 30 1968 to OCT 2 1969, that (I) (~~we~~) last saw the deceased alive on SEPT 22 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John M. Scott M.D. DEGREE
Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: OCT 2, 1969
23C. PHYSICIAN'S NAME (Type): JOHN M. SCOTT DEGREE
23D. ADDRESS: 600 W. BELVEDERE AVE BALTO MD 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V.S. 153 10-21-69 M.H.

S-352 69 9759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9759

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LENA S. STANGE

2. DATE AND HOUR OF DEATH 10-2-69. 6 15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

48 MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY 903

C. CITY OR TOWN BALTIMORE Md D. INSIDE CITY LIMITS? YES ✓ NO ☐

E. STREET AND NUMBER 743 McTewin Ave.

5. SEX F

6. RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐

8. DATE OF BIRTH 11/29/77

9. AGE (In years last birthday) 91

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind at work done during most of working life, even if retired) ~~NONE~~ HOUSEWIFE — OWN HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE, ~~GERMANY~~ Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HENRY STEINBOCK

14. MOTHER'S MAIDEN NAME A. MEYER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-07-6979

17. INFORMANT DAUGHTER - ARBUTUS ADDRESS SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Carcinoma of Cecum with Metastases STANGE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION NONE

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-2 1969 to 10-2 1969 that (I) (we) last saw the deceased alive on 10-2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Angelita A. Topacio DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ✓

23B. DATE SIGNED 10-2-69

23C. PHYSICIAN'S NAME (Type) ANGELITA TOPACIO DEGREE

23D. ADDRESS Maryland Gen - Hospital - Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 10/4/69

24C. NAME of CEMETERY or CREMATORY Parkwood

24D. LOCATION (City, town, or county) Baltimore County, (State) Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 3 1969

25B. NAME OF REGISTRAR Robert E. Gaither, M.D.

25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. ADDRESS 4905 York Rd Balto., Md. 21212

1969000 8715

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-356 69 9760

BIRTH NO. 69-17592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9760

1. NAME OF DECEASED (Type or Print): Baby Boy Wedmore

2. DATE AND HOUR OF DEATH: 9-27-69 | 12 10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 701

C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 815 N. Linwood Ave 21205

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-26-69 9. AGE (In years last birthday) | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ed. Wedmore III

14. MOTHER'S MAIDEN NAME: Mary Patricia Healy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Fetal distress - Anoxia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Abruptio placenta

DUE TO, OR AS A CONSEQUENCE OF:

(C) Prematurity

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mustafa Qual DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-30-69

24C. NAME of CEMETERY or CREMATORY: UNIVERSITY

24D. LOCATION (City, town, or county) (State): MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9761

4

BIRTH NO. 69-16880 69 9761

1. NAME OF DECEASED (Type or Print): BABY BOY McCREERY

2. DATE AND HOUR OF DEATH: SEPTEMBER 17 1969 | 2:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL 43

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTO. 5200
C. CITY OR TOWN: Millersville D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Box 188 Millersville, Md.

5. SEX: M
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: SEPT. 17 1969
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 6 Min.: 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNITED STATES
12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13. FATHER'S NAME: JOHN ROBERT WELSH JR.
14. MOTHER'S MAIDEN NAME: JOANNE McCREERY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

1B. 776.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Atelectasis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prematurity
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-17 1969 to 9-17-69 19..., that (I) (we) last saw the deceased alive on 9-17 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Estrellita P. Trias M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-17-69
23C. PHYSICIAN'S NAME (Type): ESTRELLITA P. TRIAS M.D. DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-24-69
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City or Town) (State)

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

D-250 69 9762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9762

BIRTH NO. 69-16992

1. NAME OF DECEASED (Type or Print): BABY BOY DIXON

2. DATE AND HOUR OF DEATH: 9/18/69 5 40 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: 5200

C. CITY OR TOWN: 932 D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 932 LANGLEY RD GLENBURNIE 21061

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-17-69 9. AGE (In years last birthday) If Under 1 Yr. Months Days Hours 7 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: DOROTHY DIXON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hyaline Membrane Ds. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7

DUE TO, OR AS A CONSEQUENCE OF:

(B) Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-17 1969 to 9-18 1969, that (I) (we) last saw the deceased alive on 9-18 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alvyde A. Melocoton M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-18-69

23C. PHYSICIAN'S NAME (Type): ALVYDE A. MELOCOTON DEGREE

23D. ADDRESS: 3001 S. Hanover St.

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-24-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, Town or County) (State)

25A. DATE REC'D BY HEALTH DEPT. OCT 3 1969

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-642 69 9763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9763 4

BIRTH NO. 69-17028

1. NAME OF DECEASED (Type or Print): Baby Girl Charles

2. DATE AND HOUR OF DEATH: Sept 18, 1969 1:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1512

C. CITY OR TOWN: 21215 Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2441 Shirley Ave

5. SEX: Female

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Separated

8. DATE OF BIRTH: Sept 18, 1969

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 2 Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Charles

14. MOTHER'S MAIDEN NAME: Lessie Dameron

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

769.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Immaturity (Anencephalic)

DUE TO, OR AS A CONSEQUENCE OF:

(B) Premature Rupture of membrane

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or Not) Not

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dahlia Grizada DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/18/69

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 9-24-69

24C. NAME of CEMETERY OR CREMATORY

24D. LOCATION (City or County) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969

25B. NAME OF REGISTRAR: Robert G. Talbert, M.D.

25C. FUNERAL DIRECTOR: ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-263 69 9764 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9764

BIRTH NO.

42/99

1. NAME OF DECEASED (Type or Print): Arthur Richardson

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 15 Year: 69 Hour: 9:16 A. M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 15 Year: 69 Hour: 9:16 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2798

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 5254 Nelson Ave.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic lung disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-15-69

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Turbey, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS

1969 0 0 0 8 7 5 0

VS 151-REV. 7/1/68

55-23-64 IT 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-620 69 9765

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9765

1. NAME OF DECEASED (Type or Print): BROOKE, JAMES L.

2. DATE AND HOUR OF DEATH: OCTOBER 4, '69, 2 30 am M.

CERTIFICATE AMENDED

~~3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD~~

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 10-8-69
31
4940 EASTERN AVENUE
BALTIMORE, MARYLAND #21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1002
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~1115 Hilman St #21202~~ 1002 Ashland

5. SEX: WHITE M
6. RACE: MALE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/17/1891
9. AGE (In years last birthday): 78 76
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FELIX
14. MOTHER'S MAIDEN NAME: LILLIAN
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 218-10-1325-A
17. INFORMANT: RECORDS: BALTIMORE CITY HOSPITALS
ADDRESS: 4940 EASTERN AVENUE #21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CARDIO-PULMONARY ARREST — 10 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) PNEUMOTHORAX — 26 Hours
DUE TO, OR AS A CONSEQUENCE OF:
(C) CHRONIC LUNG DISEASE — 10-15 years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). — Gangrene Right Foot — 2-3 years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 2 1969 to OCTOBER 4 1969 that (I) (we) last saw the deceased alive on Oct 4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dale N. Schumacher MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Oct 4, 1969
23C. PHYSICIAN'S NAME (Type): DALE N SCHUMACHER M.D. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE #21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Crest Lawn Cemetery ~~Baltimore National Cemetery~~
24D. LOCATION (City, town, or county) (State): Howard Co., Md. ~~Baltimore, Md.~~

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave., 21229
ADDRESS

VS 150-REV. 1/1/68

10/7 according to hospital address is correct as stated
on front. Since this " is non existent address
has been coded to 1002 Ashland Ct. address
given by funeral home. CT

V.S. 153 10-8-69 M.H.

P-260 69 9766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9766

BIRTH NO.

CERTIFICATE AMENDED 10/9/69

1. NAME OF DECEASED (Type or Print): Natale ~~Nalerk~~ Pecora

2. DATE AND HOUR OF DEATH: October 2, 1969 9:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2911 E. Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2911 E. Cold Soring Lane

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12/22/~~1889~~ 1890
9. AGE (In years last birthday): 78 ~~79~~
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Colombia Cork Co.
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fourtono Pecora
14. MOTHER'S MAIDEN NAME: Rose ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-07-2693
17. INFORMANT: Mrs. Emma Pecora
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Squamous cell Carcinoma Esophagus
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Bronchopneumonia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-13- 1960 to Oct 1 1969, that (I) (we) last saw the deceased alive on Oct 1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sebastian Russo DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Oct 2. 1969.
23C. PHYSICIAN'S NAME (Type): SEBASTIAN RUSSO MD DEGREE
23D. ADDRESS: 5017 Harford Rd Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Most Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Valley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/9/69 - Alien Registration No. 2951512. Birth Date: 12/22/1890.
Born in or near Mussano, Italy. Date of reg. 2/20/1942.

Abe.

M-600 69 9767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9767

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John A. Meyer

2. DATE AND HOUR OF DEATH: October 2, 1969 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: MERCY HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2749

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1664 Northbourne Road

5. SEX: Male

6. RACE: Caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/15/1899

9. AGE (In years last birthday): 70

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Meyer

14. MOTHER'S MAIDEN NAME: Mary Lydia Vogt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-38-6013

17. INFORMANT: Mrs. Ellen N. Meyer

ADDRESS: Same

MEDICAL CERTIFICATION

I

1B. 2309

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Massive Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cardio Vascular Hypertensive disease

DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus Unknown

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on Apr 14 1959 9/5/69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R McLean DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): George McLean M.D. DEGREE

23D. ADDRESS: 705 Medical Arts Building

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/6/69

24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State): Brooklyn Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Kelly, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.

ADDRESS: 5305 Harford Rd. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-300 69 9768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9768

1. NAME OF DECEASED (Type or Print): ALBERT R WYATT

2. DATE AND HOUR OF DEATH: October 3, 1969 | 2:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 902
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1502 Oakridge Rd.

5. SEX: M
6. RACE: W
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-24-96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: Maryland Drydock
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ROBERT WYATT
14. MOTHER'S MAIDEN NAME: MARGARET Lupton
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-2210
17. INFORMANT: Mrs Ella Wyatt
ADDRESS: Same 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCT
DUE TO, OR AS A CONSEQUENCE OF: CARDIOGENIC SHOCK

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 1 19 69 to October 3 19 69 that (I) (we) last saw the deceased alive on October 3 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Ungara, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: October 3, 1969
23C. PHYSICIAN'S NAME (Type): CORAZON Z. UERGARA, M.D. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL 100 N. BROADWAY, BALTIMORE MD. 21

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Tobin, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.
ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

C-640 69 9769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9769

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosa I. Carroll

2. DATE AND HOUR OF DEATH: 10/3/69 3:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gould Convalesarium 6116 Belair Road

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2712
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 435 Evesham Ave.

5. SEX: F
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/2/69
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Burandt
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-5090
17. INFORMANT: d William L. Leddon
ADDRESS: 503 Murdock Rd.

MEDICAL CERTIFICATION

1B. 4124

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pyelonephritis
DUE TO, OR AS A CONSEQUENCE OF: Terminal uremia. — 10 days
(B) Arteriosclerotic C-V disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Malnutrition

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 29 19 69 to Oct. 3 19 69, that (I) (~~we~~) last saw the deceased alive on Oct 3 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. V. Harbold M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Oct. 6, 1969
23C. PHYSICIAN'S NAME (Type): Harold V. Harbold M.D. DEGREE
23D. ADDRESS: 4706 Harford Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Kelley M.D.
25C. FUNERAL DIRECTOR: Robert C. Wiltenburg Funeral Home Inc
ADDRESS: 6009 Harford Road

8 7

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-553 69 9770 REG. NO. 69 9770

1. NAME OF DECEASED (Type or Print): Agnes Thomae Hammond

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 8 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Ambassador Apartments - Apt. 602

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: State of Maryland - Baltimore City
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Ambassador Apartments - Apr. 602

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 14, 1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emil F. ~~[illegible]~~ Thomae
14. MOTHER'S MAIDEN NAME: Elizabeth Weber

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-44-8015
17. INFORMANT: Frank L. Hammond
ADDRESS: Ruxton, Md. 21204 7614 Club Rd.

MEDICAL CERTIFICATION

1B. 1519

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Carcinoma of Stomach — 4 months
DUE TO, OR AS A CONSEQUENCE OF:

(B) As CVD Arteriosclerosis — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hospital~~) attended the deceased from June 9 1969 to October 1 1969, that (I) (~~we~~) last saw the deceased alive on September 24 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: J. Frank Supplee, III DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): J. Frank Supplee III DEGREE
23D. ADDRESS: 1010 St. Paul St. Baltimore, Md. 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/1969
24C. NAME of CEMETERY or CREMATORY: St. Johns Cemetery
24D. LOCATION (City, town, or county) (State): Ellicott City, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Easton Funeral Home
ADDRESS: Catonsville, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 69 9771

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9771

BIRTH NO.

43/99

1. NAME OF DECEASED (Type or Print)	WESLEY B. MORRISON
2. DATE OF DEATH	Known [X] Estimated [ ] Month October Day 1 Year 1969 Hour M.
3. DATE PRONOUNCED DEAD	Month October Day 1 Year 1969 Hour 10:00 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	South Baltimore General Hospital (DOA)
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland
B. COUNTY	Anne Arundel 5200
C. CITY OR TOWN	LINTHICUM
D. INSIDE CITY LIMITS?	YES [ ] NO [ ]
E. STREET AND NUMBER	707 Nursery Road
6. SEX	Male
7. RACE	White
8. MARITAL STATUS	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH	August 1, 1910
10. AGE (In years last birthday)	59
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country)	South Carolina
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	(unknown) Morrison
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Foreman
14B. KIND OF BUSINESS OR INDUSTRY	Penn. Rail Road
15. MOTHER'S MAIDEN NAME	Lottie (unknown)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	no
(If yes, give war or dates of service)	//////////////////
17. SOCIAL SECURITY NO.	717 07 9476
18. INFORMANT	Mrs. Muriel E. Morrison (wife)
ADDRESS	Same As #5

MEDICAL CERTIFICATION

19. 4124

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Oct. 4, 1969	Cedar Hill Cemetery	Brooklyn, RFD, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 6 1969	Robert E. Fisher M.D.	R. Singleton	Singleton Funeral Home, Glen Burnie, Maryland

VS 151-REV. 1/1/68

C-326 69 9772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 9772

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CATHCART, THELMA BLANCHE

2. DATE AND HOUR OF DEATH: OCTOBER 4, 1969 | 8:25AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Baltimore 5300 21227

C. CITY OR TOWN: ~~BALTIMORE~~ Arbutus D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1109 GLORIA AVENUE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-27-1939 9. AGE (In years last birthday): ~~39~~ 29 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL HELMICK

14. MOTHER'S MAIDEN NAME: ~~BLANCHE~~ (Ellen B. Winebrenner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-34-6406

17. INFORMANT: AVES. BALTO., MD. ADDRESS 21229 ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

1B. 180X

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca uterus

DUE TO, OR AS A CONSEQUENCE OF:

(B) with multiple metastases

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from SEPTEMBER 24 19 69 to OCTOBER 4 19 69 that (X) (we) last saw the deceased alive on OCTOBER 4 19 69 and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A.A. Payabyab DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10 4 69

23C. PHYSICIAN'S NAME (Type): A.A. PAYABYAB DEGREE

23D. ADDRESS: CATON & WILKENS AVES. BALTO MD.21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-7-1969

24C. NAME OF CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Fahey, MD

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9773

BIRTH NO. S-162 69 9773

1. NAME OF DECEASED (Type or Print): Virginia L. Sparklin

2. DATE AND HOUR OF DEATH: Oct 3rd, 1969 6:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: /
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1021 W. Lombard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1803
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1021 W. Lombard St.

5. SEX: Female
6. RACE: white
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/9/1924
9. AGE (In years last birthday): 45
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10B. KIND OF BUSINESS OR INDUSTRY: Hochschild Kohn & Co.
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barton A. Sparklin
14. MOTHER'S MAIDEN NAME: Lula Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): /
(If yes, give war or dates of service): /
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Lula Sparklin
ADDRESS: above

MEDICAL CERTIFICATION

1B. 199.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma Metastatic — 8 months
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Anemia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 9/10 1969 to 10/3 1969, that (I) (we) last saw the deceased alive on 10/2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ralph Mostwill M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/3/69
23C. PHYSICIAN'S NAME (Type): RALPH MOSTWILL M.D. DEGREE
23D. ADDRESS: 200 W. Cold SPRING LANE BALTIMORE 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: 10/16/69
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem.
24D. LOCATION (City, town, or county): Woodlawn (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Tracy M.D.
25C. FUNERAL DIRECTOR: John J. Cowan & Son Inc.
ADDRESS: 2 Hollins St. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-430

BIRTH NO. 69 9774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9774

1. NAME OF DECEASED (Type or Print): Elmer W. Wilhide

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4810 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2834
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4810 Edmondson Ave.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 13, 1884
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Baking Co.
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Samuel J. Wilhide
14. MOTHER'S MAIDEN NAME: Mary C. Forney
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-05-4033
17. INFORMANT: Mrs. Felicia M. Wilhide ADDRESS: Balto. Md. 21229 4810 Edmondson Ave.

MEDICAL CERTIFICATION

1B. 7621

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Cancer of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypertension, arteriosclerosis

19A. DATE OF OPERATION: 8/19/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of lung
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 15 19 69 to 10/1/69 19 , that (I) (~~we~~) last saw the deceased alive on 9/30/69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A Calas DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/3/69
23C. PHYSICIAN'S NAME (Type): A CALAS DEGREE
23D. ADDRESS: 6411 Frederick Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 4, 1969
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: [illegible] E. Talley, M.D.
25C. FUNERAL DIRECTOR: Truman Schwab ADDRESS: Balto. Md. 21229 5151 Balto. National Pike

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

69 9775

H-132

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9775

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET HIBBITTS (C.)

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 30, 1969 3:45 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 4633 Manordene Road (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2864

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 8-23-1898
10. AGE (In years last birthday): 71
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 4633 Manordene Road

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Andrew Rutledge

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.: 212-48-4130
18. INFORMANT: Mr. Edward J. Hibbitts
ADDRESS: Balto. Md. 21229 4633 Manordene Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E 9 5 6 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of the head

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bedroom
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4633 Manordene Road 28-64

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Sept. 30, 1969 10:30A. 3:40P m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-1969
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: G. Truman Schwab
ADDRESS: 3512 Frederick Ave, Balto. 21229

VS 151-REV. 1/1/68

N 8 5 1 4 5 9 0 0 0 8 7 0 1

C-400

BIRTH NO. 69 9776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9776

1. NAME OF DECEASED (Type or Print): CLARENCE C. COLE

2. DATE AND HOUR OF DEATH: 9.30.1969 | 5-10 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BonSecours Hospital 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: ~~BALT.~~ 008

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 4006 WALRAD ST. 21229

5. SEX: MALE 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-15-92 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John F. Cole Sr.

14. MOTHER'S MAIDEN NAME: SARAH E. Henderson Cole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UnKnown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-3135A

17. INFORMANT: Mrs. Myrtle Cole ADDRESS: 4006 Walrad St. Balto. Md. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchogenic carcinoma — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 09-13-69 19 to 9-30-69 19 that ~~(I)~~ (we) last saw the deceased alive on 9.29.69 19 and ~~that in my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Bilal Ahmed Qureshi DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9.30.69

23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE

23D. ADDRESS: BON-SECOURS-HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-3-1969

24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave. Balto. Md 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-525 69 9777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9777

1. NAME OF DECEASED (Type or Print): M. Albert Townsend

2. DATE AND HOUR OF DEATH: Oct. 2, 1969 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4515 Schenley Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2714
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4515 Schenley Rd.

5. SEX: male
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 23, 1901
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Balto. Gas & Electric
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John M. Townsend
14. MOTHER'S MAIDEN NAME: Mary E. Belt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 212-05-4139
17. INFORMANT: Mrs. Joan M. Teal
ADDRESS: 4515 Schenley Rd. 21210

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 153.X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: carcinoma of colon
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 1969 to Oct 2 1969, that (I) (~~we~~) last saw the deceased alive on Oct 1 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Edward L. Glassman MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/2/69
23C. PHYSICIAN'S NAME (Type): EDWARD L. GLASSMAN MD. DEGREE
23D. ADDRESS: 4037 FALLS RD. BALTO 21211 MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Pleasent Grove
24D. LOCATION (City, town, or county): Boring (State): Balot. Co Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John T. Stansbury, Sr.
ADDRESS: 6411 Windsor Mill Rd

9000

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-526 69 9778

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9778

1. NAME OF DECEASED (Type or Print): MISS CATHERINE DONHAUSER.

2. DATE AND HOUR OF DEATH: 9/30/69 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL BALTIMORE, MARYLAND 21231.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND. B. COUNTY: 101

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 718 S. DECKER AVE.

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/11/88 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTO., MD. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE S. DONHAUSER

14. MOTHER'S MAIDEN NAME: THERESA WILSON.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: MRS. RAY ETHEL ADDRESS: 718 S. DECKER AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

25019 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY ARREST.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DIABETES MELLITUS

DUE TO, OR AS A CONSEQUENCE OF:

(C) POSSIBLE SEPTICEMIA.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: ASCVD.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/29 19 69 to 9/30 19 69 that (I) (we) last saw the deceased alive on 9/30 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A.C. Chowvalit, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/30/69.

23C. PHYSICIAN'S NAME (Type): A.C. CHOWVALIT, M.D. DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/3/69 24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave., Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-524 69 9779

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9779

1. NAME OF DECEASED (Type or Print): ANGELOS, Vasiliki (Bessie)

2. DATE AND HOUR OF DEATH: October 1, 1969 2:30 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2831

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 4208 Nadine Drive

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 3/5/95 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Greece 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Livas

14. MOTHER'S MAIDEN NAME: Kaliroie Papageorgacopoulos

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Paul W. Angelos ADDRESS: 2301 Holyoke Rd. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Breast — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/27/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal Obstruction 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1968 19 to present 19, that (I) (we) last saw the deceased alive on October 1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jay H Karpe MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 10/1/69

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS: 3502 W Rogers Ave 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/4/69 24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969 25B. NAME OF REGISTRAR: Robert E. Jackson M.D. 9000 25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave., Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-426 69 9780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9780

1. NAME OF DECEASED (Type or Print): Charles J. Palacorolla

2. DATE AND HOUR OF DEATH: 10/2/69 8:26 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2318 Fredrick Ave 2004

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-10-07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver on disability
10B. KIND OF BUSINESS OR INDUSTRY: Howard Frozen Food
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Un.
14. MOTHER'S MAIDEN NAME: Un.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-8064
17. INFORMANT: Mrs Blanche Palacorolla ADDRESS 2318 Frederick Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I
1B. 412.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) associated Digitalis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Toxicity - ASCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-1 19 69 to 10-2 19 69 that (I) (we) last saw the deceased alive on 10-2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lilia C. Baldonado M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): LILIA C. BALDONADO M.D. DEGREE
23D. ADDRESS: SBGH - 3001 S. HANOVER ST. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore Co Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Fuller
25C. FUNERAL DIRECTOR: Thos J. Kenny Inc ADDRESS 1600 Holliday

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-315

BIRTH NO. 69 9781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9781

1. NAME OF DECEASED (Type or Print): STEVENS, HENRIETTA ~~EXORA~~ E.

2. DATE AND HOUR OF DEATH: OCTOBER 2, 1969 6:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 928 LEEDS AVE 21229

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 01-10-90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY LEHNERT
14. MOTHER'S MAIDEN NAME: MARY (BAKER)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-01-4325
17. INFORMANT: WILKENS AVES., BALTO., MD. ADDRESS
ST. AGNES HOSPITAL RECORDS-CATON &

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

DUE TO, OR AS A CONSEQUENCE OF: DIABETES MELLITUS — 8 YEARS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/19/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: DIABETIC GANGRENA OF THE RIGHT FOOT
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (X)(this hospital) attended the deceased from AUGUST 26, 1969 to OCTOBER 2, 1969 that (X)(we) last saw the deceased alive on OCTOBER 2, 1969 and that I(my) (our) opinion death occurred on the date and hour and from the causes stated above. X(We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freijanes M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-02-69
23C. PHYSICIAN'S NAME (Type): JULIO FREIJANES M.D. DEGREE
23D. ADDRESS: BALTIMORE, MD. 21229
ST. AGNES HOSPITAL-CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Sieber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

1

S-160 69 9782

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9782

BIRTH NO.

40/99

1. NAME OF DECEASED (Type or Print): HOWARD ~~[illegible]~~ SHOVER

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: October 2, 1969 — Hour: M.

3. DATE PRONOUNCED DEAD — Month Day Year: October 2, 1969 — Hour: 12:50 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 2551
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [ ] NO [ ]

6. SEX: Male — 7. RACE: White — 8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 2-14-1923 — 10. AGE (In years last birthday): 46 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 807 ~~[illegible]~~ Unetta Avenue 21229

11. BIRTHPLACE (State or foreign country): Ohio — 12. CITIZEN OF WHAT COUNTRY? U. S. A. — 13. FATHER'S NAME: William Shover

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 14B. KIND OF BUSINESS OR INDUSTRY: Carpentery — 15. MOTHER'S MAIDEN NAME: Pearl Arrowood

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): WWII — (If yes, give war or dates of service): U.S. Army — 17. SOCIAL SECURITY NO.: 289-18-2343 — 18. INFORMANT: Helen Jean Shover — ADDRESS: 807 Unetta Ave. Balto 21229

MEDICAL CERTIFICATION

19. 571.8

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Chas S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 10-6-69 — 24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery — 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969 — 25B. NAME OF REGISTRAR: Robert E. Jackson, M.D. — 25C. FUNERAL DIRECTOR: Howard H. Hubbard — ADDRESS: 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/68

D-400 69 9783

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9783

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HERMAN DOLL

2. DATE AND HOUR OF DEATH: 10-2-69 9 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 4210 BELAIR Rd. Baltimore Md.
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4210 BELAIR Rd 2731

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-08-02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher
10B. KIND OF BUSINESS OR INDUSTRY: Abattoir
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY DOLL
14. MOTHER'S MAIDEN NAME: ANNA STEIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-09-4368
17. INFORMANT: MATILDA DOLL, ADDRESS: 4210 BELAIR Rd. 21206

MEDICAL CERTIFICATION

18. 197.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: CARCINOMA of lungs, primary unknown
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
EMPHASEMA — many years
Abdominal aneurysm — unknown
Thrombosis of Mesenteric Vessels — 2 weeks

19A. DATE OF OPERATION: 9-29-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abdominal aneurysm
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-21 1969 to 10-2 1969 that (I) (we) last saw the deceased alive on 10-2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael P. Buchman M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Fallon, M.D.
25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOME, ADDRESS: BALTO., MD.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-552 69 9784

REG. NO. 69 9784

1. NAME OF DECEASED (Type or Print): LUCY WATKINS SIMMONS

2. DATE AND HOUR OF DEATH: OCTOBER 3, 1969 — 3 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Hood Convalescent Home 5313 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. City 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5313 Edmondson Ave.

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: October 19, 1883
9. AGE (In years last birthday): 85
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Union Level, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Walter Simmons
14. MOTHER'S MAIDEN NAME: Lucy Ogburn
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: yes
17. INFORMANT: Dr. John Shaw 5800 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypostatic Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardiac -
DUE TO, OR AS A CONSEQUENCE OF:
(C) Vascular Disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1/1 1961 to 10/3/69 19, that (I) (~~we~~) last saw the deceased alive on 10/3 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John H. Shaw DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): John H. Shaw M.D. DEGREE
23D. ADDRESS: 5800 Edmondson Ave. Balt. 28, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 4, 1969
24C. NAME of CEMETERY or CREMATORY: Zion Cemetery
24D. LOCATION (City, town, or county) (State): Union Level, Virginia

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
9 8 9 0 0 0 8
25C. FUNERAL DIRECTOR: Sherman General Estate
ADDRESS: 736 Edmondson Ave. Catonsville, Md. 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

C-452 69 9785 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9785

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Kathryn KATHRINE G. COLLINS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 30, 1969 Hour 7:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
78 MARYLAND GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2633

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11-26-90
10. AGE (In years last birthday): 78
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 3523 Brehms Lane

11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: William Collins

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Seamstress
14B. KIND OF BUSINESS OR INDUSTRY: ?
15. MOTHER'S MAIDEN NAME: Sarah Philbin

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 212-51-6115
18. INFORMANT: Jerome Collins, Brother, above ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 412.4 + 250.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-1-69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Bailey M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, 3331 Brehms Lane ADDRESS: Balto. Md. 21213

1 9 6 9 0 0 0 8 7 1

VS 151-REV. 1/1/68

S-250 69 9786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9786

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESSIE Ann JACKSON

2. DATE AND HOUR OF DEATH: OCTOBER 2, 69 11:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NURSING AND CONVAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 907 WEATHERBEE Rd.

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6/27/84 9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Loudy Horner

14. MOTHER'S MAIDEN NAME: Rebecca Bozman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-50-0129

17. INFORMANT: William N. Jackson, son, above ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cerebrovascular Disease

DUE TO, OR AS A CONSEQUENCE OF: Atrial fibrillation

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Coronary Arteriosclerosis — years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 6/11 1969 to 10/2 1969, that (I) (we) last saw the deceased alive on 10/2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: A. C. Alevizatos MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): A. C. ALEVIZATOS, MD DEGREE

23D. ADDRESS: 1208 St. Paul St. Balto, Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/6/69

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Feeney M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-600

BIRTH NO. 65-00077 69 9787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 69 9787

1. NAME OF DECEASED (Type or Print): FRANKLIN MYERS, JR.

2. DATE AND HOUR OF DEATH: 10-3-69 4.40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Howard 6300

C. CITY OR TOWN: ELKRIDGE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1910 RAILROAD AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-2-65

9. AGE (In years last birthday): 4

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: XXXXXXXXXXXXXXXXXX

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANKLIN MYERS SR.

14. MOTHER'S MAIDEN NAME: JUANITA MAYNARD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Franklin E. Myers - Elkridge, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. 581 X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: UREMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ~~2 yrs~~ /mo

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) NEPHROTIC SYNDROME — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) UNKNOWN.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: NONE

19A. DATE OF OPERATION: NONE

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT 9 1969 to OCT 3 1969 that (I) (we) last saw the deceased alive on OCT 3 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: G R Greene MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): GERALD R GREENE M.D. DEGREE

23D. ADDRESS: JOHNS HOPKINS DEPT PEDIATRICS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/6/69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Pk.

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: R.V. Singleton/Glen Burnie, Md.

ADDRESS:

VS-150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9788

BIRTH NO. A-610 69-14914 69 9788

1. NAME OF DECEASED (Type or Print): Timothy LAE A Arvey

2. DATE AND HOUR OF DEATH: 10/1/69 11:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: ANNE ARUNDEL 5200

C. CITY OR TOWN: Glen Burnie

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 7785 New York LA. Apt "H"

5. SEX: M

6. RACE: Caucc

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug 16, 1969

9. AGE (In years last birthday): ~~[illegible]~~ If Under 1 Yr. Months: 1 Days: 15 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): ST Agnes Hosp. Balto, md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Leo A. Arvey Jr.

14. MOTHER'S MAIDEN NAME: Linda Wright

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS Linda Arvey (mother)

ADDRESS: Same as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Uremia and Acidosis

DUE TO, OR AS A CONSEQUENCE OF:

(B) Renal Failure

DUE TO, OR AS A CONSEQUENCE OF:

(C) Multicystic Kidney Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

anemia, etiology undetermined

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Wm G. Bartholome DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/1/69

23C. PHYSICIAN'S NAME (Type): William G. Bartholome DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/3/69

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State): Brooklyn R.E. md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Kelley, M.D.

25C. FUNERAL DIRECTOR: E B Fleming

ADDRESS: Singleton Funeral Home Glen Burnie, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T-300 69 9789 REG. NO. 69 9789

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JENNINGS W. TODD

2. DATE AND HOUR OF DEATH: 0522 1 October 1969. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 JOHNS HOPKINS HOSPITAL BALTIMORE MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: ~~CAMBRIDGE~~ Dorchester 5913
C. CITY OR TOWN: CAMBRIDGE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3 HAT SWAP ROAD

5. SEX: M
6. RACE: Cau
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-2-18
9. AGE (In years last birthday): 50
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PACKER
10B. KIND OF BUSINESS OR INDUSTRY: SEAFOOD
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Brady R. Todd
14. MOTHER'S MAIDEN NAME: Maryann Willey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.
17. INFORMANT: LeCompte Funeral Service records, Cambridge — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 3333.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST — 60 MIN
DUE TO, OR AS A CONSEQUENCE OF:
(B) CHEMICAL GENERALISED PERITONITIS — 6 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) POST-OP PEPTIC ULCER DISEASE — 8 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHRONIC ASCUD, PEPTIC ULCER DISEASE — 15 YEARS

19A. DATE OF OPERATION: 9/24 9/27
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PEPTIC ULCER DISEASE
20A. AUTOPSY? (Yes or No): ~~PENDING~~ YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 SEPT 1969 to 1 OCTOBER 1969, that (I) (we) last saw the deceased alive on 1 OCT 19 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. L. M. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-1-69.
23C. PHYSICIAN'S NAME (Type): W. Li MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: Dorchester Memorial Park
24D. LOCATION (City, town, or county) (State): Cambridge, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Foley, MD
25C. FUNERAL DIRECTOR: LeCompte Funeral Service, Cambridge, Md. — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-620 69 9790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9790

CERTIFICATE AMENDED 10-20-69

1. NAME OF DECEASED (Type or Print): HARRIS, LAURA

2. DATE AND HOUR OF DEATH: 10/7/69 10:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 36 FRANKLIN SQUARE HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 12.04
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 316 E 21ST STREET

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 6-1-1887
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hill
14. MOTHER'S MAIDEN NAME: MATTIE Hill

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-9150
17. INFORMANT: Frank Harris 316 E. 21st St. 21218 — ADDRESS

MEDICAL CERTIFICATION

1B. 4/69

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: = Massive Myocardial Infarction — 10 mins
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) = Coronary Occlusion — 10 mins

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
= Diverticulitis — 15 days
= ASOD by exogenous disease — 3 months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/27/69 19 to 10/2/69 19 that (I) (we) last saw the deceased alive on 10/2/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Mumeses M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/2/69
23C. PHYSICIAN'S NAME (Type): Silvino B. Mumeses DEGREE
23D. ADDRESS: 101 Peppleton St. Balto. Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: ~~Mt. Calvary Cemetery~~ Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): A.A. Co, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Yaiber, M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr.
ADDRESS: 1735 Harford Ave. 21213

VS 150-REV. 1/1/68

V.S. 153 10-20-69 M.H.

J-212 69 9791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9791

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA ADELBERG ~~XXXXXXXXXX~~ JACOBSON

2. DATE AND HOUR OF DEATH: 9/29/69 | 4:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, Belvedere at Greenspring

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 2720

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Crest Ave 6108 21215

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: ~~XXXXXXXXXX~~ 1886

9. AGE (In years last birthday): 83

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE ~~XXXXXXXXXXXX~~

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID GOLDBERG

14. MOTHER'S MAIDEN NAME: ESTHER FINKELSTEIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: MR. HARRY ADELBERG ~~XXXXXXXXXXXXXXXXXX~~

ADDRESS: 5514 SOUTH BEND RD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Stomach

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/16 1969 to 9/29 1969 that ~~(I)~~ (we) last saw the deceased alive on 9/29 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): JOSE F. CALIMLIM MD. DEGREE

23D. ADDRESS: Sinai Hosp. of Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-30-69

24C. NAME of CEMETERY or CREMATORY: NEW HAR SINAI

24D. LOCATION (City, town, or county) (State): GARRISON FOREST RD, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-432 69 9792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9792

1. NAME OF DECEASED (Type or Print): SAMUEL H. FELDSTEIN

2. DATE AND HOUR OF DEATH: 9/29/69 8 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2755

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2204 CHILHAM RD. #21209

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/17/01

9. AGE (In years last birthday): 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY & REALTOR

10B. KIND OF BUSINESS OR INDUSTRY: AT LAW

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ISRAEL FELDSTEIN

14. MOTHER'S MAIDEN NAME: IDA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-36-9436

17. INFORMANT: MRS. RACHEL E. FELDSTEIN, 2204 CHILHAM ROAD #09

ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 436.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HYPER PYREXIA

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebro Vascular Accident

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Coronary ischaemia

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/21/69 19 to 9/29/69 19 that (I) (we) last saw the deceased alive on 9/29/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. McVerry MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): A. McVERRY MD DEGREE

23D. ADDRESS: SINAI HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-1-69

24C. NAME of CEMETERY or CREMATORY: NEW HAR SINAI

24D. LOCATION (City, town, or county) (State): GARRISON FOREST RD., MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-415 69 9793

REG. NO. 69 9793

1. NAME OF DECEASED (Type or Print): Rebecca Klavens.

2. DATE AND HOUR OF DEATH: 10/1/69 5:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ~~[illegible]~~ 90 PALL MALL NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15 12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2817 Norfolk ave

5. SEX: Female
6. RACE: WHITE ~~Jewish~~
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: ~~[illegible]~~
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMTRESS
10B. KIND OF BUSINESS OR INDUSTRY: EMPLOYED
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM KLAVANSKY
14. MOTHER'S MAIDEN NAME: LIBLEY ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. SADIE LAND, 4206 Lowell Drive, 21208

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — 4 years.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/22 1969 to 10/1 1969, that (I) (we) last saw the deceased alive on 9/20 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M J Saiontz, MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/1/69
23C. PHYSICIAN'S NAME (Type): MARVIN F. SAIONTZ, M.D. DEGREE
23D. ADDRESS: 5309 OLD COURT RD. RANDALLSTOWN 21133

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: BETH ~~[illegible]~~ HAMEDROSH HAGODOL
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 9 0 0 0 8 7 7 8
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-132 69 9794 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9794

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTHER RAPHIA LEBOWITZ

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year: October 1, 1969 Hour: 10:00A M.

3. DATE PRONOUNCED DEAD: Month Day Year: October 1,1969 Hour: 10:00 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 ENSLOW AVENUE

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2719

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: June 9,1958
10. AGE (In years last birthday): 11
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 5818 Narcissus Avenue

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ABRAHAM LEBOWITZ

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
14B. KIND OF BUSINESS OR INDUSTRY: SCHOOL
15. MOTHER'S MAIDEN NAME: SHULAMITH WAXMAN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: MR. ABRAHAM LEBOWITZ, ADDRESS: 5818 NARCISSUS AVENUE

MEDICAL CERTIFICATION

19. E968 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Craniocerebral Injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Unk.
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Found on Enslow Ave. near Wexford Ave. 2755

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Missing Sept.29,1969
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Multiple blows to head.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-2-69
24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Barber M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

N 8348 0 0 0 0 7 8 0

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-210 69 9795

REG. NO. 69 9795

1. NAME OF DECEASED (Type or Print): Rokoff Bertha

2. DATE AND HOUR OF DEATH: 10/1/69 8:55 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pleasant Manor Nursing + Convalescent Home 3215 Taney Road.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissiant)
A. STATE: Maryland B. COUNTY: 2740
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3215 Taney Road.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 8/xx/xx 9. AGE (In years last birthday): ~~8x3~~ 86

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-54-3820

17. INFORMANT: MR. MORTON ROKOFF, ADDRESS: 3215 TANEY ROAD #21215

CAUSE OF DEATH

18. 4123

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Respiratory arrest	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Due to Arteriosclerotic heart dis	5 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	General Arteriosclerosis	20 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Hypostatic pneumonia	2 days

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from ____ 19~~69~~ to Oct 1, 1969, that (I) (~~we~~) ~~last~~ saw the deceased alive on Sept 29 1969 and that in (my) (~~our~~) opinion death accurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Jonas H. Cohen M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Oct 1, 1969

23C. PHYSICIAN'S NAME (Type): JONAS H. COHEN DEGREE

23D. ADDRESS: 6702 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY: HEBREW FRIENDSHIP

24D. LOCATION (City, town, or county) (State): 3600 E. BALTO., ST. MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Tobin M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN RD.

9000 7 01

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-534 69 9796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9796

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HANNAH MENDELSOHN

2. DATE AND HOUR OF DEATH: OCTOBER 1/69 5 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): TEMPLE GARDEN APARTMENTS, APT. 507

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: ~~XXXXXXXXX~~ MARYLAND

B. COUNTY: 1301

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: TEMPLE GARDEN APARTMENTS, APT. 507

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

9. AGE (In years last birthday): 73

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~XXXXXX~~ INTERNAL REVENUE

10B. KIND OF BUSINESS OR INDUSTRY: FEDERAL GOVERNMENT

11. BIRTHPLACE (State or foreign country): CHICAGO, ILL.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: REV. GEDALIAH MENDELSOHN

14. MOTHER'S MAIDEN NAME: PEARL ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. (SAMUEL B.) BETTY AHELSON

ADDRESS: 26 A. SOUTH GERMANTOWN ROAD #37411, CHATONOGA, TENN.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 412.3 I 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes mellitus — years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 19 65 to ~~Sep~~ Oct. 1 19 69, that (I) (we) last saw the deceased alive on July 2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gordon Cadler — DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): GORDEN CADLER, MD — DEGREE

23D. ADDRESS: 611 Park Ave., Baltimore Md., 21201

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): W. ROGERS AVENUEM, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Yoder, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., INC.

ADDRESS: 6010 REISTERSTOWN RD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-425

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9797

69 9797

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): WILSON TOM M. SR.

2. DATE AND HOUR OF DEATH: October 3, 69 | 6.30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: BALTIMORE B. COUNTY: 1202

C. CITY OR TOWN: MARYLAND

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2956 GREENMOUNT AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-06-22

9. AGE (In years last birthday): 46 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHEET METAL MAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROY WILSON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: DORIS WILSON ADDRESS: SAME

MEDICAL CERTIFICATION

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocarditis Infarcation

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

m.m

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 24 1969 to October 3 1969, that (I) (we) last saw the deceased alive on October 3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Miguel Karacuschansky M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10-3-69

23C. PHYSICIAN'S NAME (Type): MIGUEL KARACUSCHANSKY M.D. DEGREE

23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-7-69

24C. NAME of CEMETERY or CREMATORY: Balto National

24D. LOCATION (City, town, or county) (State): Balto

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Paul E. Chenoweth Funeral Home ADDRESS:

VS 150-REV. 1/1/68

1

M-460

69 9798 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 69 9798

1. NAME OF DECEASED (Type or Print): LAWRENCE MILLER, SR.

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: October 1, 1969 — Hour: 4:15 P. M.

3. DATE PRONOUNCED DEAD — Month Day Year: October 1, 1969 — Hour: 4:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryalnd
B. COUNTY: 1306
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 852 West 33rd Street

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 4-25-08
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body & Fender Repair
14B. KIND OF BUSINESS OR INDUSTRY: Auto
15. MOTHER'S MAIDEN NAME: ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 216-12-3763
18. INFORMANT: Lawrence E. Miller Jr. ADDRESS: 120 E. Fairmount Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: —
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Paul E. Campworth Jr. ADDRESS: 3615 Chestnut Ave

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-425 69 9799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9799

1. NAME OF DECEASED (Type or Print): MARY E. SLACUM

2. DATE AND HOUR OF DEATH: 10/2/69 11-55 PM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland. 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE. 701
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 541 N. KENWOOD AVENUE. 21205

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-26-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress Ret.
10B. KIND OF BUSINESS OR INDUSTRY: L. E. Jefferson Co.
11. BIRTHPLACE (State or foreign country): U.S.A. Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Cunningham
14. MOTHER'S MAIDEN NAME: Libby Taylor

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Norman W. Slacum Husband
ADDRESS: 541 N. Kenwood Ave. ~~XXXXX~~21205

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Rheumatic heart disease.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/1/69 19 to 10/2/69 19, that (I) (we) last saw the deceased alive on 10/2/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K Lurie DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): KYI KYI LWIN DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md. A. A. Co.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: M Reilly E/H
ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-636 69 9800

REG. NO. 69 9800

1. NAME OF DECEASED (Type or Print): GRACE R CROWTHER

2. DATE AND HOUR OF DEATH: 10-1-69 9:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1307

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1111 W. 40th Street

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 3-10-03

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing Mech. Operator Coat Mfgr

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Rohrbaugh

14. MOTHER'S MAIDEN NAME: Jennie Rohrbaugh

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215104531

17. INFORMANT: MRS KREBS (SISTER)

ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: D.H.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-1 1969 to October 1 1969, that (I) (we) last saw the deceased alive on October 1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Enrique Cipriani M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10-1-69

23C. PHYSICIAN'S NAME (Type): ENRIQUE CIPRIANI MD DEGREE

23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-4-69

24C. NAME of CEMETERY or CREMATORY: Meadow Ridge Mem Pk

24D. LOCATION (City, town, or county) (State): Wash Blvd Howard Co Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Fisher M.D.

25C. FUNERAL DIRECTOR: Burger Funeral Home

ADDRESS: Balto Md

By Nina Mancuso

VS 150 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Released by medical examiner E. Cipriani

L-250 69 9801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9801

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOGAN, MRS. GRACE

2. DATE AND HOUR OF DEATH: 9/30/69 5:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 2755
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2211 W. ROGERS AVE.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3/17/87
9. AGE (In years last birthday): 82 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Dressmaking
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM CASSELL
14. MOTHER'S MAIDEN NAME: DORSEY, Josephine

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 215071300
17. INFORMANT: The Wesley Home ADDRESS: 2211 W Rogers Av

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4/10/9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary Artery Thrombosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic CVD.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/29 19 69 to 9/30 19 69 that (I) (we) last saw the deceased alive on 9/29 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Enrique, A. MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ENRIQUE, A. MD DEGREE
23D. ADDRESS: MARYLAND GEN. HOSP MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cem
24D. LOCATION (City, town, or county) (State): Wash Blvd Howard Co Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D. By Hugh Edward Dr.
25C. FUNERAL DIRECTOR: Burter Funeral Home ADDRESS: Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

W-452 69 9802 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9802

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES N. WILLIAMS (Aka) Charlie

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year October 4, 1969 Hour 1:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 127 S. Exeter Street - Apt. 10A

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 302

6. SEX Male
7. RACE Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH July 22, 1949
10. AGE (In years last birthday) 20 If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.
E. STREET AND NUMBER 127 S. Exeter Street - Apt. 10A

11. BIRTHPLACE (State or foreign country) Greensville, N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
14B. KIND OF BUSINESS OR INDUSTRY Paper Factory
15. MOTHER'S MAIDEN NAME Myrtle Louise Jenkins 1741 N. Bond St.

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 213-54-4342
18. INFORMANT Myrtle Louise Jenkins ADDRESS 1741 N. Bond St.

MEDICAL CERTIFICATION

19. 304.9 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Intravenous Narcotism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 10-7-69
24C. NAME of CEMETERY or CREMATORY Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State) Westport

25A. DATE REC'D BY HEALTH DEPT. OCT 6 1969
25B. NAME OF REGISTRAR Robert F. Talley, M.D.
25C. FUNERAL DIRECTOR DONALD E. GLOVER ADDRESS 1701 N. PATTERSON PK. AVE.

0 0 8 7 8 0

VS 151-REV. 1/1/68

W-452

BIRTH NO. 69-16481

69 9803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9803

1. NAME OF DECEASED (Type or Print): BABY BOY WILLIAMS (Bryan)

2. DATE AND HOUR OF DEATH: 9-6-69 7.53 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE CITY 843

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2743 Mura Street

5. SEX: MALE

6. RACE: NEGRO

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: XXXXXXX XXXXXXX 9/2/69

9. AGE (In years last birthday): ***

If Under 1 Yr. Months: 4 Days: Hours: If Under 24 Hrs. Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALFRED BLUE

14. MOTHER'S MAIDEN NAME: CAROLYN DELORES WILLIAMS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dr. Lee Neidengard

ADDRESS:

MEDICAL CERTIFICATION

18. 772.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pulmonary hemorrhage — 7:53 pm

DUE TO, OR AS A CONSEQUENCE OF: anoxia, bradycardia, resuscitation attempt — 6:35 pm

(B) Apnea spell, hypothermia — 6:30 pm

DUE TO, OR AS A CONSEQUENCE OF:

(C) PROBABLE BRAIN DAMAGE AT BIRTH: POST EXCHANGE TRANSFUSION — 9/2/69, 9/5/69, 9/6/69 6:00 pm

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Respiratory distress syndrome — 9/2 - 9/4

HYPERBILIRUBINEMIA — 9/4 - 9/6

HYPOCALCEMIA - TREATED — 9/4 - 9/6

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lee Neidengard, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: September 6, 1969

23C. PHYSICIAN'S NAME (Type): LEE NEIDENGARD DEGREE

23D. ADDRESS: THE JOHSN HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/10/69

24C. NAME of CEMETERY or CREMATORY: MT CALVARY CEMETERY

24D. LOCATION (City, town, or county) (State): CEDAR Hill md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: BONTA & GLOVER

ADDRESS: 170 N. PATTERSON PK.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-536 69 9804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9804

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Annie L. Anderson

2. DATE AND HOUR OF DEATH: Sept 28-1969 | P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION / (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 001004 Bonaparte ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 908

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1004 Bonaparte ave

5. SEX: F.

6. RACE: Col

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 2-25-94

9. AGE (In years last birthday): 75

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Marrow

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hazel Henderson

ADDRESS: 1004 Bonaparte ave

MEDICAL CERTIFICATION

1B. 4123

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive Cardiovascular Disease — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis — Unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

CERTIFICATION APPROVED BY CHIEF ASS. MEDICAL EXAMIN.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5/11 1964 to August 9 1968, that (I) (~~we~~) last saw the deceased alive on August 9 1968 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Jesse T. Holmes M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/30/69

23C. PHYSICIAN'S NAME (Type): Jesse T. Holmes M.D. DEGREE

23D. ADDRESS: 508 E North Ave. Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-2-69

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem A. A. Co

24D. LOCATION (City, town, or county) (State): Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR: Raymond Sanders

ADDRESS: 217 E Preston St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-636 69 9805

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9805

1. NAME OF DECEASED (Type or Print): Emmanuel Marturano

2. DATE AND HOUR OF DEATH: October 1, 1969 | 11 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

CERTIFICATE AMENDED 10/9/69

3824 Bank Street

Baltimore, Maryland 21224

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland | B. COUNTY: 2608

C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3824 Bank Street

5. SEX: M | 6. RACE: W | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5/3/1896 | 9. AGE (In years last birthday): 73 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Steelworker

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vito Marturano

14. MOTHER'S MAIDEN NAME: Ermina

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-8201

17. INFORMANT: Mrs. Marturano same | ADDRESS

MEDICAL CERTIFICATION

1B. 436.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH: Cerebral accident "Stroke"

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Oct. 1968 to Oct. 1 1969, that (I) (~~we~~) last saw the deceased alive on 9/28 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph R. Liberto, MD DEGREE | Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] | 23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): JOSEPH R. LIBERTO, M.D. DEGREE | 23D. ADDRESS: 3508 Bank St, Baltimore, Md 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 10/4/69 | 24C. NAME of CEMETERY or CREMATORY: Sacred Heart | 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969 | 25B. NAME OF REGISTRAR: Robert E. Tabby, M.D. | 25C. FUNERAL DIRECTOR: Joseph N. Zannino | ADDRESS: 263 S. Conkling St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

10/9/69 - Newspaper Obituary List. JPe

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. Z-200 69 9806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9806

1. NAME OF DECEASED (Type or Print): WILLIAM ZECK

2. DATE AND HOUR OF DEATH: 10-2-69 | 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2610
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 247 S. CLINTON ST.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-31-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GOTTLIEB ZECK
14. MOTHER'S MAIDEN NAME: BERTHA BEITZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-40-4500
17. INFORMANT: ANNE RAUCK
ADDRESS: 1418 SARATOGA PL BELAIR MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rt. Bronchogenic CA
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): ✓
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 25 19 69 to October 2 19 69 that (I) (we) last saw the deceased alive on October 2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Vergara M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): CORAZON Z. VERGARA, M.D. DEGREE
23D. ADDRESS: Church Home & Hospital 100 N. Broadway Baltimore Md 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Oaklawn
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Tabor M.D.
25C. FUNERAL DIRECTOR: Joseph M. Bannon
ADDRESS: 263 S. Conkling St

VS 150-REV. 1/1/68

W-300 69 9807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9807

BIRTH NO. Waddy, Walter

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WALTER WADDY

2. DATE AND HOUR OF DEATH: 10-3-69 13 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 15-13
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 2918 BOARMAN AVE

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-6-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WALTER WADDY
14. MOTHER'S MAIDEN NAME: NANCY HENSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA of prostate
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/26 1969 to 10/3 1969 that (I) (we) last saw the deceased alive on 10/2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harry S Pond DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/3/69
23C. PHYSICIAN'S NAME (Type): HARRY S. POND DEGREE
23D. ADDRESS: Johns Hopkins Hospital Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemertry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Adolpus Halstead ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

S-120 69 9808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9808

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Speaks, Elizabeth

2. DATE AND HOUR OF DEATH: 10-5-69 | 8 55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 506 N. Carrollton Ave. 1601
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: Maryland

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-28-22
9. AGE (In years last birthday): 46
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Lightner
14. MOTHER'S MAIDEN NAME: Margaret (unknown)

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-6750
17. INFORMANT: ADDRESS

MEDICAL CERTIFICATION

18. 183.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ca of Ovary metastasis to
DUE TO, OR AS A CONSEQUENCE OF: Lungs. — About 4-5 yrs
(B) Rt Pleural effusion due to metastasis
DUE TO, OR AS A CONSEQUENCE OF: to Lung
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. W. Lee, MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-5-1969
23C. PHYSICIAN'S NAME (Type): M. W. LEE DEGREE
23D. ADDRESS: Maryland General Hospital, Balt. MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: National Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Av

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

$3001

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9809 REG. NO. 69 9809

CERTIFICATE AMENDED-10/15/69

1. NAME OF DECEASED (Type or Print): DAVID SCOTT, Jr.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 3 Year 1969 Hour 3:00 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 802

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/25/33

10. AGE (In years last birthday): 35
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1651 N. Milton Avenue

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SCOTT, SR.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: MARGARET HEBRON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Margaret H. Scott ADDRESS: 1651 N. Milton Ave.

MEDICAL CERTIFICATION

19. E968X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Craniocerebral Injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~Unk.~~ Streets

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): & Preston Street Subject found on sidewalk at Milton Ave.

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Oct. 1969 Unk m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? ~~Unk.~~ Struck by assailant, fell & hit head

08-33

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 10/4/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/7/69

24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEMORIAL PARK

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT FUNERAL HOME ADDRESS: 1701 Laurens St Balto., Md.

VS 151-REV. 1/1/68

10/15/69 - Letter from Dr. Ronald N. Kornblum, Assistant Medical Examiner dated 10/14/69.

55-00-11 Mas 1

F-236

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9810 REG. NO. 69 9810

1. NAME OF DECEASED (Type or Print): Foster, Elizabeth J.

2. DATE AND HOUR OF DEATH: 10/5/69 5:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MD. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2758
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1607 Ramblewood Road 21212 007

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-27-12
9. AGE (In years last birthday): 56
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~[illegible]~~ Michael Butler
14. MOTHER'S MAIDEN NAME: Agnes Friedel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-1129
17. INFORMANT: BCH Records: 4940 Eastern Ave. ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
200.0	(A) IMMEDIATE CAUSE: Probable Intracranial hemorr	12 hr.
	DUE TO, OR AS A CONSEQUENCE OF: hage	
	(B) Hemorrhagic diathesis, shock	5 da
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Reticulum cell Sarcoma	10 yr
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Pseudomonas Septicemia, UTI	3 da

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 8/28 1969 to 10/5 1969 that (I) ~~(we)~~ last saw the deceased alive on 10/5 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: S. W. Douglas, III, MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/5/69
23C. PHYSICIAN'S NAME (Type): S. W. Douglas III, M.D. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

5-350 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9811 REG. NO. 69 9811

1. NAME OF DECEASED (Type or Print): JOHN WESLEY STAUM.

2. DATE AND HOUR OF DEATH: October 6, 1969 | 3.00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERCY HOSPITAL
37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 331 W. University Pk. way. 1202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 331 W. University Pkway.

5. SEX: Male
6. RACE: White
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-4-1903
9. AGE (In years last birthday): 66 years. If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Sales
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND.
12. CITIZEN OF WHAT COUNTRY? (AMERICAN) U.S.A.
13. FATHER'S NAME: JOHN ROSS MORTIMER STAUM.
14. MOTHER'S MAIDEN NAME: EMILY LOUISE PUE
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. LOUELLA K. STAUM (SAME) ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: generalized carcinomatosis ~~Cardio pulmonary failure~~ sutin. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-25- 1969 to 10-6- 1969 that (I) (we) last saw the deceased alive on 10-5- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Sutin Srisumrid M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Oct. 6th, 1969
23C. PHYSICIAN'S NAME (Type): Dr. SUTIN SRISUMRID M.D. DEGREE
23D. ADDRESS: MERCY HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

M-245 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9812 REG. NO. 69 9812

1. NAME OF DECEASED (Type or Print): ELEANOR A. NASH McWILLIAM

2. DATE AND HOUR OF DEATH: 10-3-69 11:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL BALT. MD. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3333 N. CHARLES STREET

5. SEX: F 6. RACE: Cau 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 8. DATE OF BIRTH: 1-23-92 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE-COLUMNIST
10B. KIND OF BUSINESS OR INDUSTRY: NEWSPAPER
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDMUND NASH
14. MOTHER'S MAIDEN NAME: MATILDE GHENAULT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADMISSION HISTORY ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) cancer of liver — 6 months
DUE TO, OR AS A CONSEQUENCE OF:
(C)
(D) diverticulosis c̄ perforated diverticulum — 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9-30-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: perforated diverticulum
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-30-69 19__ to 10-3 19 69 that (I) (we) last saw the deceased alive on 10-3 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John W. Shaffer M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-3-69
23C. PHYSICIAN'S NAME (Type): John W. Shaffer DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: St. Thomas
24D. LOCATION (City, town, or county) (State): Garrison Forest Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 6 1969
25B. NAME OF REGISTRAR: Robert E. Jenkins, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

1

Y-521 69 9813

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9813

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JO ANN YOUNGBAR (KLIENSMITH)

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 30 Year: 69 Hour: 6:40 p.m.

3. DATE PRONOUNCED DEAD — Month Day Year: September 30, 1969 Hour: 6:40 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): DOA 4811 Pennington Ave.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2505

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Jan. 17, 1943
10. AGE (In years last birthday): 26
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 4811 Pennington Ave.

11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Youngbar

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dancer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Jordan

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: William Youngbar ADDRESS: ~~Same~~ 3701 Pascal Ave.

MEDICAL CERTIFICATION

19. 486 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia and Septicemia complicating
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pelvic Inflammatory Disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

969008 7

VS 151-REV. 1/1/68

10/10/69 - Letter of authorization from Dr. Ronald N. Kornblum,
Received in our office, 10/9/69.

LPC.

C-563 69 9814

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9814

1. NAME OF DECEASED (Type or Print): Martin James Conrad

2. DATE AND HOUR OF DEATH: 10-2-69 8 45/Pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 420 Old Riverside Dr. 5200

B. COUNTY: Allegany

C. CITY OR TOWN: Brooklyn Balto Md.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/6/28

9. AGE (In years last birthday): 40

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Charles inspector Port authority

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Deceased

14. MOTHER'S MAIDEN NAME: Genevieve Kessler, Same

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): 4 Oct 46 3 Oct 49

16. SOCIAL SECURITY NO.: 213-22-4519

17. INFORMANT: Mrs. Marilyn V. Martin

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia

DUE TO, OR AS A CONSEQUENCE OF:

(B) ULCERATIVE Colitis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A Villafania DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): ARTEMIO A. VILLAFANIA DEGREE

23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-7-69

24C. NAME of CEMETERY or CREMATORY: Sunset Memorial Gardens

24D. LOCATION (City, town, or county) (State): Cumberland, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: George J. Gonce Funeral Home

ADDRESS: 4001 Ritchie Hwy., Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-656 69 9815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9815

1. NAME OF DECEASED (Type or Print): Marie C. Mariner

2. DATE AND HOUR OF DEATH: 10-1-69 | 10 45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2534
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 409 Annabelle Ave.

5. SEX: Female 6. RACE: Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9-22-90 9. AGE (In years last birthday): 79 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Europe Czecholovakia 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mike Vlach

14. MOTHER'S MAIDEN NAME: Katherine Hranicka

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-6766

17. INFORMANT: William R. Mariner ADDRESS: Apopka, Florida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9-22 1969 to 10-1 1969 that (I) (we) last saw the deceased alive on 10-1 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Eleanor L. Noon MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 10-1-69

23C. PHYSICIAN'S NAME (Type): Eleanor L. Noon DEGREE — 23D. ADDRESS: Staff South Baltimore General Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10-6-69 24C. NAME of CEMETERY or CREMATORY: Loudon Park 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D. 25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

1

A-450 69 9816 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9816

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Claudia C. Allen

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 29 Year: 69 Hour: 2:40 p M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 29 Year: 69 Hour: 2:40 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2215 Chelsea Terrace

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1548
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2215 Chelsea Terrace

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 10,2,18
10. AGE (In years last birthday): 69 ? If Under 1 Yr. Months: Days: Hours: Min.:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Willie Allen
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rich
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Tinder Dolores
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 245-03-4151
18. INFORMANT: Son ADDRESS: Balto Md

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: 2311 Clifton Heights

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. — M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 9/30/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10.3.69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto. City Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fahey M.D.
25C. FUNERAL DIRECTOR: Louis H. Carroll ADDRESS: Balto Md

VS 151-REV. 1/1/68

K-622 69 9817

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9817

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KIRSCHKE, August Herman

2. DATE AND HOUR OF DEATH: 1 OCTOBER 1969 1:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL, 3900 LOCH RAVEN BOULEVARD, BALTIMORE, MARYLAND 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 2005
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 307 MILLINGTON AVENUE

5. SEX: MALE
6. RACE: CAUCASION
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8-14-75
9. AGE (In years last birthday): 94 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRUSH MAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 1-13-99 TO 1-29-02
16. SOCIAL SECURITY NO.: 213-05-31-26A
17. INFORMANT: VA HOSPITAL RECORDS ADDRESS: 3900 LOCH RAVEN BLVD, BALTO, MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/ EMPHYSEMA — 15 YEARS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 29 SEPTEMBER 1969 to 1 OCTOBER 1969, that (I) (we) last saw the deceased alive on 1 OCTOBER 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (XXXX) view the body after death.

23A. SIGNATURE: Charles E. DeFelice DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 1 OCTOBER 1969
23C. PHYSICIAN'S NAME (Type): CHARLES E. DeFELICE, MD DEGREE
23D. ADDRESS: 3900 LOCH RAVEN BOULEVARD, BALTIMORE, MARYLAND 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-4-1969
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

O-650 69 9818

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9818

1. NAME OF DECEASED (Type or Print): OREM, WILLIAM ISAAC

2. DATE AND HOUR OF DEATH: SEPTEMBER 29, 1969 11:03 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Baltimore 5300

C. CITY OR TOWN: ~~BALTIMORE~~ Arbutus D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4411 HOOPER AVENUE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 07 06 85 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CLERK

10B. KIND OF BUSINESS OR INDUSTRY: McCormick Company

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: SAMUEL OREM

14. MOTHER'S MAIDEN NAME: ALICE YINGLING

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-05-6843

17. INFORMANT: ST AGNES RECORDS-BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CHF

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonitis + Intestinal

DUE TO, OR AS A CONSEQUENCE OF:

(C) Obstruction (Post-Op)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from SEPTEMBER 23 1969 to SEPTEMBER 29 1969 that (X) (we) last saw the deceased alive on SEPTEMBER 29 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (X) (Do) view the body after death.

23A. SIGNATURE: Haven N. Wall, Jr. M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9 30 69

23C. PHYSICIAN'S NAME (Type): HAVEN N. WALL, JR. M.D. DEGREE

23D. ADDRESS: CATON & WILKENS AVES.-BALTO-MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-3-1969

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard

ADDRESS: 4107 Wilkens Avenue 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/8/69 — operations 9/24/69 for
[illegible]
[illegible]
[illegible]
[illegible]

54-68-07 db 1

P-362

BIRTH NO. 69 9819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9819

1. NAME OF DECEASED (Type or Print): Samuel B. Peterson-PEDERSEN

2. DATE AND HOUR OF DEATH: 10-2-69 5 45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 31
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 520 S. Ellwood Avenue 21224 007

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-23-84
9. AGE (In years last birthday): 85
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Peder Pedersen
14. MOTHER'S MAIDEN NAME: Christine Erickson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-01-5374
17. INFORMANT: BCH- Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B): ASCVD — 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C):

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: BPH c̄ obstructive uropathy — 3 mos.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-19 1969 to 10-2 1969 that (I) (we) last saw the deceased alive on 10-2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Winston Gragg, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): G. Winston Gragg MD. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69.
24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): 7401 German Hill Rd., Ba.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Charles A. Geiler
ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-520

BIRTH NO. 69-18407 69 9820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9820

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Womack

2. DATE AND HOUR OF DEATH: October 2, 1969 | 8²⁶ P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 2802
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 4305 KATHLAND AVE

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/28/69
9. AGE (In years last birthday): **
If Under 1 Yr. Months: 0 Days: 4 | If Under 24 Hrs. Hours: | Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Warren Womack
14. MOTHER'S MAIDEN NAME: JANNIE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 776.1

CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Respiratory Insufficiency	4 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Pneumonia	4 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Hyaline Membrane Disease	4 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 28 19 69 to October 2 19 69 that (I) (we) last saw the deceased alive on October 2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas P. Hyde MD DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): THOMAS P HYDE DEGREE
23D. ADDRESS: Johns Hopkins Hospital Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital
24D. LOCATION (City, town, or county) (State): 601 N. Broadway, Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR
ADDRESS
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

M-324 69 9821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9821

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CLEVELAND ARCHIE MITCHELL

2. DATE AND HOUR OF DEATH: 10·45AM 10/3/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: BALTIMORE 21216.

C. CITY OR TOWN: BALTIMORE.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2205 BAKER STREET. 1503

5. SEX: MALE

6. RACE: NEGROID

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-18-10

9. AGE (In years last birthday): 59

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LONGSHOREMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORMAN MITCHELL

14. MOTHER'S MAIDEN NAME: ELLA MITCHELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-6518

17. INFORMANT: JESSIE MITCHELL ADDRESS: 2205 BAKER ST.

MEDICAL CERTIFICATION

1B. 431.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cerebral hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) ? Hypertension

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/3/69 19 to 10·45AM 10/3/69 19, that (I) (we) last saw the deceased alive on 10/3/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lewin DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/8/69

23C. PHYSICIAN'S NAME (Type): KYI KYI LWIN DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-6-69

24C. NAME of CEMETERY or CREMATORY: MT. AUBURN CEM.

24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Fisher

25C. FUNERAL DIRECTOR: U.R. BAILEY ADDRESS: KERSON A.H. 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-500 69 9822

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9822

1. NAME OF DECEASED (Type or Print): Coralee F. King

2. DATE AND HOUR OF DEATH: 10-1-69 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1415 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 725 George St.

5. SEX: Female
6. RACE: Negroid
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 1-16-09
9. AGE (In years last birthday): 60
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Butler
14. MOTHER'S MAIDEN NAME: Rosalee Kennedy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Rosa L. Butler-Mother
ADDRESS: Same

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: PULMONARY THROMBOEMBOLISM ~~Shortness of Breath~~ — 2 hours
DUE TO, OR AS A CONSEQUENCE OF: ~~Sudden~~ ANKLE FRACTURE — 2 hours
(B) ~~Sudden Severe Pain in Ankle~~
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ~~Ankle Fracture~~ — 3 weeks

19A. DATE OF OPERATION: 0 no
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 725 GEORGE ST. 1703
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8-10-69 10:30 AM
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? FELL AT HOME

22. I certify that (I) (this hospital) attended the deceased from 9-24-69 19 to 10-1-69 19 that (I) (we) last saw the deceased alive on 10-1-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-1-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 1415 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: V. R. Bailey
ADDRESS: Kelson F.H. 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

F-655 69 9823 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9823

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print): WOODROW FOREMAN (Forman)

2. DATE OF DEATH: Known [X] Estimated [ ] Month October Day 1 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 1 Year 1969 Hour 3:42 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1603

6. SEX: Male

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-15-19

10. AGE (In years last birthday): 50 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1624 W. Mosher Street

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Forman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Bessie Charles

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Louise Forman ADDRESS: 1624 Mosher St.

MEDICAL CERTIFICATION

19. 412.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive and arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-6-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun Street

1 5 9 0 0 0 8 8 0 9

VS 151-REV. 1/1/68

S-530 69 9824

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9824

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): TSIAH SMITH

2. DATE AND HOUR OF DEATH: OCTOBER 5, 1969 1 30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL OF MARYLAND 730 ASHBURTON STREET BALTIMORE, MARYLAND 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1608
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3718 Edmondson Avenue

5. SEX: MALE
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-2-96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LUCIUS SMITH
14. MOTHER'S MAIDEN NAME: MAGGIE BEE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 139-18-4214A
17. INFORMANT: GRAFTON SMITH - SAME - SON
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Resp. failure from pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes, Arteriosclerotic Heart Disease or ~~Gangrene Rt foot~~

DUE TO, OR AS A CONSEQUENCE OF:

(C) Gangrene Rt foot

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): nil.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 30 1969 to October 5 1969, that (I) (we) last saw the deceased alive on Oct 5 1969 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Subash C. Ahuja MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/5/69
23C. PHYSICIAN'S NAME (Type): SUBASH C. AHUJA M.D. DEGREE
23D. ADDRESS: Lutheran Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: CHURCH CEM.
24D. LOCATION (City, town, or county) (State): HEATHVILLE, VIRGINIA.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: U. P. BAILEY KELSON F. HO
ADDRESS: 1348 CALHOUN ST

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-432

BIRTH NO. 69 9825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9825

1. NAME OF DECEASED (Type or Print): ROBERT SWANSON MAULTSBY (MAULSBY)

2. DATE AND HOUR OF DEATH: 10/4/69 | 4 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University of Md. Hospital — University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1603
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 530 N. MOUNT ST.

5. SEX: M
6. RACE: C
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/4/32
9. AGE (In years last birthday): 37
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eugene MAULTSBY
14. MOTHER'S MAIDEN NAME: Inez Shanez
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES — If yes, give war or dates of service: 7/21/52 - 4/26/54
16. SOCIAL SECURITY NO.: 246-40-6311
17. INFORMANT: CLARA MAULTSBY — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Bronchopneumonia;
DUE TO, OR AS A CONSEQUENCE OF:
(C) Empyema

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Post op - Esophagogastrectomy

19A. DATE OF OPERATION: 9/22/69 9/23/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of Esophagus
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/17/ 1969 to 10/4/ 1969 that (I) (we) last saw the deceased alive on 10/4/ 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John Mathai — DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/4/69
23C. PHYSICIAN'S NAME (Type): JOHN MATHAI — DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: BALTO. NAT'L.
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: O.R. BAILEY — ADDRESS: 1348 N. CALHOUN ST.

VS 150-REV. 1/1/68

1

S-163 69 9826

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9826

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): SUSIE SHEPPARD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month October Day 6 Year 1969 Hour 12:45 AM.

3. DATE PRONOUNCED DEAD: Month October Day 6 Year 1969 Hour 12:45 AM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 906
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1618 E. 31th Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 6-9-97
10. AGE (In years last birthday): 72 (If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.)
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ? Richardson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME:
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Juanita Sheppard ADDRESS: 1618 E. 31st St.

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: 412.4 Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: New Catherral Cem/
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: R. E. Fisher, M.D.
25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun Street

VS 151-REV. 1/1/68

1969 0 0 0 8 8 1 2

M-624

BIRTH NO. 69 9827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 69 9827

1. NAME OF DECEASED (Type or Print): ELMO E. MARKLE

2. DATE AND HOUR OF DEATH: 10-3-69 | 12 20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Frederick 6060

C. CITY OR TOWN: Mt Airy

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Rt. 4

5. SEX: M

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-19-15

9. AGE (In years last birthday): 54

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10B. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Darksville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clarence E. Markle

14. MOTHER'S MAIDEN NAME: Mazie Unger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232 09 7325

17. INFORMANT: Mrs. Ruth Markle, Route 4, Mt. Airy, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4/12/2

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sub-Arachnoid Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B) Rupture of Aneurysm

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertensive Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-2 1969 to 10-3 1969 that (I) (we) last saw the deceased alive on 10-3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Patrick A. Molony M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Oct. 3, 19 69

23C. PHYSICIAN'S NAME (Type): Patrick A. Molony, M. D. DEGREE

23D. ADDRESS: Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/7/69

24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cemetery

24D. LOCATION (City, town, or county) (State): Frederick Frederick Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Josie E. Tucker

25C. FUNERAL DIRECTOR: Donald Fadley

ADDRESS: M. R. Etchison & Son Frederick, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-526 69 9828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9828

BIRTH NO.

1. NAME OF DECEASED (Type or Print): (Walter Bennett Bunger, Sr.) BUNGER SR. WALTER Bennett

2. DATE AND HOUR OF DEATH: October 5. 1969, 6:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secour Hospital, Fayette & Pulaski St, Balto, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Harford ~~Baltimore~~ 6200

C. CITY OR TOWN: Edgewood ~~Baltimore City~~ D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 625 BANYAN, EGEWOOD MD

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 12-21-93 9. AGE (In years last birthday): 75 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postman

10B. KIND OF BUSINESS OR INDUSTRY: US Post Office Dept.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter William Bunger

14. MOTHER'S MAIDEN NAME: Linda Bennett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI, Mexican Confl

16. SOCIAL SECURITY NO. 217-40-7938

17. INFORMANT: Walter B. Bunger, Jr., 625 Banyan Road, ADDRESS: Edgewood, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: C.V.A — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ASCVD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Refused 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examiner) [ ]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 9.30.1969 19 to 10.5.69 19 that ~~I~~ (we) last saw the deceased alive on 10.4.69 19 and that ~~in my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE 23D. ADDRESS: BON-SECOURS-HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Oct. 7, 1969 24C. NAME of CEMETERY or CREMATORY: Bel Air Memorial Gardens 24D. LOCATION (City, town, or county): Bel Air (State): Harford Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: [signature] 25C. FUNERAL DIRECTOR: Howard K. McDomas & Son, ADDRESS: Abingdon, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-633 69 9829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9829

1. NAME OF DECEASED (Type or Print): BURDETTE MARGARET

2. DATE AND HOUR OF DEATH: 9-29-69 ; 8.15 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MONTEBELLO STATE HOSPITAL 91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND ; USA
B. COUNTY: 2006
C. CITY OR TOWN: BALTIMORE.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 29 . S. Ellamont Street.

5. SEX: FEMALE
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-2-03
9. AGE (In years last birthday): 66 Years
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Rush.
14. MOTHER'S MAIDEN NAME: Moore

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-09-0924
17. INFORMANT: Hospital Records
ADDRESS: —

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 144 X

(A) IMMEDIATE CAUSE: Squamous cell Carcinoma floor of mouth — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 months

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

(1) Arterio sclerotic Cardio-Vascular Disease
(2) Cirrhosis of liver (by history) — APPROXIMATELY 8 months

19A. DATE OF OPERATION: NIL
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9-24-1969 to 9-29-1969, that (I) ~~(we)~~ last saw the deceased alive on 9-29-1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-29-69
23C. PHYSICIAN'S NAME (Type): SAYYED T.A. SHAH DEGREE
23D. ADDRESS: MONTEBELLO STATE HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: BALTO. NAT'L CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: BALTO. MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-540

BIRTH NO.

69 9830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9830

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Henry Marcus Schamel Jr.

2. DATE AND HOUR OF DEATH: Oct. 3, 1969 — 6:10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2414 Pelham Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 831
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2414 Pelham Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 19, 1917
9. AGE (In years last birthday): 52 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitation Dept.
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Marcus Schamel Jr.
14. MOTHER'S MAIDEN NAME: Eva G. Wilson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-12-2414
17. INFORMANT: Eva G. Schamel — ADDRESS: 2414 Pelham Avenue -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Esophagus & Stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: December 9-68
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of Stomach
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Oct. 3 — 1969 to Oct. 3 1969, that (I) (~~we~~) last saw the deceased alive on Oct. 4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Philibert Artigiani DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/4/69
23C. PHYSICIAN'S NAME (Type): Philibert Artigiani DEGREE
23D. ADDRESS: 2305 Mayfield Ave. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John E. Miller Inc — ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1/68

1

G-620 69 9831 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9831

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James Paul Grace ~~PAULXXXGRACE~~

2. DATE OF DEATH: Known [X] Estimated [ ] Month October Day 2 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 2 Year 1969 Hour 12:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3040 O'Donnell Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3040 O'Donnell Street

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 6/19/1906
10. AGE (In years last birthday): 63
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Adam Lee Grace

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Painting
15. MOTHER'S MAIDEN NAME: Doskey Caroline Bishop

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): ---
17. SOCIAL SECURITY NO. 219-19-8201
18. INFORMANT: Lula B. Grace ADDRESS: 3040 O'Donnell St Baltimore, Md. 21224

MEDICAL CERTIFICATION

19. 412.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/1969
24C. NAME of CEMETERY or CREMATORY: Jarrettsville
24D. LOCATION (City, town, or county) (State): Jarrettsville, Harford, Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Charles E. Kurtz ADDRESS: Jarrettsville, Md.

VS 151-REV. 1/1/68

R-252 69 9832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9832

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rosenkilde Marie

2. DATE AND HOUR OF DEATH: Oct. 4, 1969 10 25 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Charles General Hosp. 49 N. Charles St. Balto. Md. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Baltimore 21221 D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 81 Silver Lane Road

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4/21/05 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Sprol

14. MOTHER'S MAIDEN NAME: Dora Eisenberg

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 217-48-4960

17. INFORMANT: Richard Rosenkilde ADDRESS: 1908 Church Rd. Balto22

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of uterus c̄ wide spread metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF: —

(B) DUE TO, OR AS A CONSEQUENCE OF: —

(C) —

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/25 19 69 to 10/4 19 69, that (I) (we) last saw the deceased alive on 10/4 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: V. Chitraplee DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Oct. 4, 1969

23C. PHYSICIAN'S NAME (Type): V. Chitraplee DEGREE

23D. ADDRESS: North Charles General Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/7/69

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.

25C. FUNERAL DIRECTOR: Brzozdzinski Funeral Home ADDRESS: 1407 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Z-200 69 9833

REG. NO. 69 9833

1. NAME OF DECEASED (Type or Print): LORETTA VIRGINIA ZECH

2. DATE AND HOUR OF DEATH: Oct. 3, 1969 7 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 722 N. Lakewood Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. 21205 B. COUNTY: 702

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 722 N. Lakewood Avenue

5. SEX: female 6. RACE: white 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/4/07 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Tuerke & Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Hilte

14. MOTHER'S MAIDEN NAME: Rose ~~Rick~~ Wick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-1739

17. INFORMANT: John Zech, husband, above ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 4109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arterio-sclerotic cardiovascular

DUE TO, OR AS A CONSEQUENCE OF:

(C) disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 22 July 1969 to 3 October 1969, that (I) (~~we~~) last saw the deceased alive on 2 October 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John W Barnaby DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 30 Oct 69

23C. PHYSICIAN'S NAME (Type): Dr. John W. Barnaby DEGREE

23D. ADDRESS: 1652 E. Balvedere Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/7/69

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

O-540 69 9834

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9834

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE FRANCELLA ROSA O'MALLEY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — October 4, 1969 12:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 803 St. Paul Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 803 St. Paul Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5/26/1903
10. AGE (In years last birthday): 66
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John O'Malley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY: ?
15. MOTHER'S MAIDEN NAME: Mary O'Neil

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 149-05-5730
18. INFORMANT 4806 Walther Blvd ADDRESS
Rosemary Vanstone, neice

MEDICAL CERTIFICATION

19. 4124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M. D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Laurel Memorial Park
24D. LOCATION (City, town, or county) (State): Atlantic, N. J.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane

959 0 0 0 3 8 2 0

VS 151-REV. 1/1/68

M-200 69 9835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9835

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Meese, Elsie Margaret

2. DATE AND HOUR OF DEATH: 7:45 PM Oct 3, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: University of Maryland Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 5300

C. CITY OR TOWN: Balto. Md. D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1716 Magnolia Ave

5. SEX: F

6. RACE: W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/12/06

9. AGE (In years last birthday): 63

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Bluebaugh

14. MOTHER'S MAIDEN NAME: Laura Frazee

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Chart ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Leukemia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/3 19 69 to 10/3 19 69 that (I) (~~we~~) last saw the deceased alive on 10/3 19 69 and that in (~~my~~) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): Ernest S. Sears Jr. MD DEGREE

23D. ADDRESS: 22 S. Greene St. Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/8/69

24C. NAME of CEMETERY or CREMATORY: Lovely Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: E. S. MACNABB ADDRESS 2328

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-236 69 9836 Registered No. 69 9836

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): FRANK A. Geister

2. DATE AND HOUR OF DEATH: 10-4-69 | 7 10 P.M. M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARFORD GARDENS CONVALESCENT CENTER 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2748
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1216 COCHRAN AVE

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 7/22/88
9. AGE (In years last birthday): 81 yrs
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Rep.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Albert A. Geister
14. MOTHER'S MAIDEN NAME: Ganet B. Woods
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO. 088-09-6354
17. INFORMANT: Richard Geister ADDRESS: 324 Presway Rd Timmonium Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Leukemia — 1 year
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from Sept. 5 1969 to October 4 1969, that I (we) last saw the deceased alive on Oct. 4 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loy M. Zimmerman M.D. Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 10/5/69
23C. PHYSICIAN'S NAME (Type): DR. LOY ZIMMERMAN M.D.
23D. ADDRESS: 3202 Harford Rd. Baltimore Md 21214

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Park
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc. ADDRESS: Towson, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-130 69 9837 X REG. NO. 69 9837

1. NAME OF DECEASED (Type or Print): James E. Haupt Sr.

2. DATE AND HOUR OF DEATH: 10-4-69 | 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5548 Gayland Rd.

5. SEX: M
6. RACE: W
7. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-14-85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Haupt
14. MOTHER'S MAIDEN NAME: Mary Covey Cavey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-4229A
17. INFORMANT: Balto. Md. 21222
ADDRESS: Mr. James E. Haupt Jr. 823 Mildred Ave.

MEDICAL CERTIFICATION

18. 534.1

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Perforated Marginal
DUE TO, OR AS A CONSEQUENCE OF: Ulcer 2 gastrojejunostomy
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/26/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Perforated Ulcer
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/12/69 19 to 10/4/69 19 that (I) (we) last saw the deceased alive on 10/4/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Kang M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/4/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Mercy Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 8, 1969
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: G. Truman Schwab
ADDRESS: 3512 Frederick Ave. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-652 69 9838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9838

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Hallie Mary Grimes

2. DATE AND HOUR OF DEATH: 10/2/69 5 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Pleasant Manor Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Baltimore, Maryland

B. COUNTY: 1513

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4122 Reisterstown Road

5. SEX: Female

6. RACE: Cauc.

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/3/86

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Slye Grimes

14. MOTHER'S MAIDEN NAME: Emma Florence Routzan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO. 212-28-8281

17. INFORMANT: Miss Catherine E. Grimes

ADDRESS: 4122 Reisterstown Rd.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis - generalized

DUE TO, OR AS A CONSEQUENCE OF:

(C) NZ Nephrosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 Yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Injection mouth, anemia

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 4 1964 to Oct 2 1969, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nathan E. Needle DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 6 OCT 69

23C. PHYSICIAN'S NAME (Type): Nathan E. Needle, M.D. DEGREE

23D. ADDRESS: 6506 Park Heights Avenue. 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/6/69

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Hazel E. Glenn

25C. FUNERAL DIRECTOR: J. E. Lowell Lemmon

ADDRESS: 4611 Park Heights Ave.

J. E. Lowell Lemmon, Lemmon Funeral Home

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9839

BIRTH NO. K-640 69 9839

1. NAME OF DECEASED (Type or Print): Jean Kral

2. DATE AND HOUR OF DEATH: Oct 5 1969 | 1:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 525 N. Bouldin St Balto Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2610
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 525 N. Bouldin St.

5. SEX: Female 6. RACE: white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Jan. 30, 1895 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 10B. KIND OF BUSINESS OR INDUSTRY: Sewing Factory 11. BIRTHPLACE (State or foreign country): Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Beneridge 14. MOTHER'S MAIDEN NAME: Bertha Wilson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-22-2123
17. INFORMANT: Joseph Kral ADDRESS: 525 N. Bouldin St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Generalized abdominal metastatic carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of colon
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert E Martin M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 10/6/69

23C. PHYSICIAN'S NAME (Type): ROBERT E MARTIN M.D. DEGREE 23D. ADDRESS: 3201 N. CHARLES St. Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/7/69 24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery 24D. LOCATION (City, town, or county) (State): Pikesville, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: Robert E. Taylor M.D. 25C. FUNERAL DIRECTOR: Philip E. Coach ADDRESS: 1211 Chesaco Ave Balto 37 Md.

VS 150-REV. 1/1/68

M-610

BIRTH NO. 69 9840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9840

1. NAME OF DECEASED (Type or Print): ROSE MARIE MURPHY

2. DATE AND HOUR OF DEATH: OCTOBER 2, 1969 | 2:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: UNION MEMORIAL HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2641

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 4207 BERGER AVENUE

5. SEX: FEMALE

6. RACE: CAUCASIAN

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: APRIL 18, 1892

9. AGE (In years last birthday): 96 yrs

If Under 1 Yr. Months: 5 Days: 14 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CASPER HARTMAN

14. MOTHER'S MAIDEN NAME: CATHERINE HARTMAN

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-20-8611

17. INFORMANT: SON – WILLIAM MURPHY

ADDRESS: 4207 BERGER BALTIMORE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL HEMORRHAGE, RIGHT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ARTERIOSCLEROSIS — 10 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 25 1969 to OCTOBER 2 1969 that (I) (we) last saw the deceased alive on OCTOBER 2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Linda High Davies, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: OCTOBER 2, 1969

23C. PHYSICIAN'S NAME (Type): LINDA HIGH DAVIES, M.D. DEGREE

23D. ADDRESS: 33rd & CALVERT, BALTIMORE, MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-6-1969

24C. NAME of CEMETERY or ~~CREMATORY~~: NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Fallon, M.D.

25C. FUNERAL DIRECTOR: J. Walter Conklin

ADDRESS: 5444 BELAIR Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-524 69 9841

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9841

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SIGNA C. KANZLER

2. DATE AND HOUR OF DEATH: OCTOBER 2 1969 9:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 701
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 5311 N. DECKER AVE.

5. SEX: F
6. RACE: W
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-29-04
9. AGE (In years last birthday): ~~64~~ 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORWAY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: SIGZARD T. MARTINSON
14. MOTHER'S MAIDEN NAME: KLARA KARLSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-32-9155
17. INFORMANT:
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EDEMA
DUE TO, OR AS A CONSEQUENCE OF:
(B) MULTIPLE VACUULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: CARCINOMA OF LEFT BREAST & METASTASES

19A. DATE OF OPERATION: 6
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 18 19 69 to October 2 19 69 that (I) (we) last saw the deceased alive on October 2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Corazon Z. Vergara, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: Oct. 2 1969
23C. PHYSICIAN'S NAME (Type): CORAZON Z. VERGARA, M.D. DEGREE
23D. ADDRESS: Church Home & Hospital 100 N. Broadway Balt. Md. 31

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/'69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland 2

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

W-340 69 9842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9842

BIRTH NO.

1. NAME OF DECEASED (Type or Print): George Kelly Woodall

2. DATE AND HOUR OF DEATH: Oct. 2, 1969 | 12:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: St. Mary's
C. CITY OR TOWN: ~~Miles Mills~~ Abell
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/16/08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY: Seafarer
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Woodall
14. MOTHER'S MAIDEN NAME: Ruth V. Morris
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-10-5635
17. INFORMANT: Mrs Mary Frances Woodall, Abell, Maryland
ADDRESS: Records- US PHS Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of pancreas — Approximate interval between onset and death: Months
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 12 1969 to Oct. 2 1969 that (I) (we) last saw the deceased alive on Oct. 2 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10/3/69
23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 6, 1969
24C. NAME of CEMETERY or CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): Bushwood, St. Mary's, Maryland
25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: W. Clarke Mattingley
ADDRESS: Leonardtown, Maryland

VS 150-REV. 1/1/68

RGB

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-260 69 9843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9843

1. NAME OF DECEASED (Type or Print): WARREN L. BAKER

2. DATE AND HOUR OF DEATH: 10-3-69 9:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3405 GREENWAY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3405 GREENWAY

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: MAY 9, 1892
9. AGE (In years last birthday): 77 YRS.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. GOVERMENT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CHARLES S. BAKER
14. MOTHER'S MAIDEN NAME: EMMA KNAPP
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. MYRTLE BAKER ADDRESS: 3405 GREENWAY

MEDICAL CERTIFICATION

1B. 410.9 I 250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial infarction — Sudden

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary occlusion — Sudden

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic cardiovascular disease — Some years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus — Many years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11-3 1965 to 10-3 1969, that (I) (~~we~~) last saw the deceased alive on 9-29 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Alfred G Ossman Jr M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10-3-69
23C. PHYSICIAN'S NAME (Type): Alfred G Ossman Jr M.D. DEGREE
23D. ADDRESS: 1101 St Paul St Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: DRUID RIDGE
24D. LOCATION (City, town, or county) (State): PIKESVILLE, MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fisher M.D.
25C. FUNERAL DIRECTOR: H. W. MEARS & SON ADDRESS: 805 N. CALVERT ST.

VS-10 REV. 1/1/68

1

B-520 69 9844 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9844

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM BENKE L.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 30, 1969 Hour 6:28 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 216 E. Chase Street (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1101

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Nov. 7, 1919

10. AGE (In years last birthday): 49 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 216 E. Chase Street

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PAUL BENKE

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OFFICE MANAGER

14B. KIND OF BUSINESS OR INDUSTRY: CALVERT FIRE INS.

15. MOTHER'S MAIDEN NAME: THERESA PALCYZSKI

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): W.W.2

17. SOCIAL SECURITY NO.: 219-10-5457

18. INFORMANT: MRS. ANNA IDZIK ADDRESS: 5403 EAST AVE.-6

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E952.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ingestion of diethyl-ether and ethanol
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 216 E. Chase Street 1101

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Sept. 29-30, 1969 Unk.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject ingested diethyl-ether

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 10/1/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: OCT. 4/69

24C. NAME of CEMETERY or CREMATORY: SACRED HEART OF JESUS

24D. LOCATION (City, town, or county) (State): BALTIMORE CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.

25C. FUNERAL DIRECTOR: H.W. MEARS & SON ADDRESS: 805 N. CALVERT ST.

VS 151-REV. 1/1/68

N 982.9 6 9 0 0 0 3 8 3 0

48-31-35 djs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9845

BIRTH NO. H-514 69 9845

1. NAME OF DECEASED (Type or Print): DELORES HEMPHILL

2. DATE AND HOUR OF DEATH: Oct. 6, 1969 11 45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

3 BALTIMORE CITY HOSPITAL
4940 EASTERN AVENUE
BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND
B. COUNTY: [illegible] AVE, BALT 21212
C. CITY OR TOWN: BALTO MD.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4403 WRENWOOD AVE 21212

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-16-52
9. AGE (In years last birthday): 17
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Baltimore MD
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Louis Hemphill
14. MOTHER'S MAIDEN NAME: VIRGINIA McCargo

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH: RECORDS
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HYPOGLYCEMIC COMA
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ACUTE LIVER ATROPHY
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 22
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 3 19 69 to Oct 6 19 69, that (I) (we) last saw the deceased alive on Oct 6 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard K. Maza MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Oct. 6, 1969
23C. PHYSICIAN'S NAME (Type): Richard K. Maza M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: 638 N Gilmor

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9846

BIRTH NO. W-550 69 9846

1. NAME OF DECEASED (Type or Print): CHARLES WILLIAM WANNEN

2. DATE AND HOUR OF DEATH: September 27, 1969 5:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 724 East Belevedere Ave.

00

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE: Md.

B. COUNTY: 2713

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 724 E. Belvedere Ave.

5. SEX: Male

6. RACE: Caucasian

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/15/1892

9. AGE (In years last birthday): 77

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C.P.A.

10B. KIND OF BUSINESS OR INDUSTRY: Accounting

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Robert Wannen

14. MOTHER'S MAIDEN NAME: Ida Keidel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 062-01-0062

17. INFORMANT: Margaret K. Wannen

ADDRESS: 724 E. Belvedere Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic C-V Dis.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 27 1959 to Sept 27 1959, that (I) (~~we~~) last saw the deceased alive on Sept 27 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Charles E. Carr Jr. M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/30/69

23C. PHYSICIAN'S NAME (Type): Charles E. Carr M.D. DEGREE

23D. ADDRESS: 3900 N. Charles St. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/1/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

26C. FUNERAL DIRECTOR: Wm. J. Flickner & Son

ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-140

BIRTH NO. 69 9847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9847

1. NAME OF DECEASED (Type or Print): Haebel, Miss Catherine

2. DATE AND HOUR OF DEATH: 10/1/69 - 1:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 2755

C. CITY OR TOWN

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: Westell Home - 2211 W. Rogers Ave

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-7-85

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Robert Haebel

14. MOTHER'S MAIDEN NAME: Eliz. Graun

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-8999

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PULMONARY CONGESTION + ATELECTASIS

DUE TO, OR AS A CONSEQUENCE OF: ~~Cerebrovascular accident~~ ~~VS thrombosis~~ (b) CEREBRAL INFARCT

(B) DUE TO, OR AS A CONSEQUENCE OF: ~~Hypertension~~ ~~Arteriosclerotic~~ CVD

(C) ARTERIOSCLEROTIC CEREBROVASCULAR DISEASE

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

~~Congestive Heart Failure~~ ~~Pneumonia~~

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23 19 69 to 10/1 19 69 that (I) (we) last saw the deceased alive on 10/1 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Enrique A. M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10/1/69

23C. PHYSICIAN'S NAME (Type): ENRIQUE, A. M.D. DEGREE

23D. ADDRESS: 827 Linden Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-4-69

24C. NAME of CEMETERY or CREMATORY: Stone Chapel Cem

24D. LOCATION (City, town, or county) (State): Baltimore County, MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: Wm. J. Tickner, & Sons

ADDRESS: North & Penna. Ave

VS 150-REV. 11/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-500 69 9848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9848

1. NAME OF DECEASED (Type or Print): Arthur Reno

2. DATE AND HOUR OF DEATH: September 26, 1969 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Cole's Nursing Home 4012 Maine Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1510
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4012 Maine Ave.

5. SEX: M
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/22/95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Reno
14. MOTHER'S MAIDEN NAME: Harriett ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-07-3191
17. INFORMANT: Mrs. Cole ADDRESS:

MEDICAL CERTIFICATION

18. 15.1.9

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Lobar Pneumonia	3-4 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Ca of Stomach	Unknown
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Gen. Arteriosclerosis	Unknown

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of Stomach
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8/1 1968 to 9/26 1969, that (I) (~~we~~) last saw the deceased alive on 9/20 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: E E Holt DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/30/69
23C. PHYSICIAN'S NAME (Type): E. E. Holt DEGREE
23D. ADDRESS: 3715 Liberty Hgts. Ave, Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/69
24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: William J. Tickner & Sons
ADDRESS: North & Penna. Aves. 21215

9000

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-455 69-18574 69 9849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9849

1. NAME OF DECEASED (Type or Print): Coleman, Baby Girl

2. DATE AND HOUR OF DEATH: October 5, 1969 | 3:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 805
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1654 Cliftview Ave.

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/2/69
9. AGE (In years last birthday)
If Under 1 Yr. Months | Days: 3 | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: ORA COLEMAN 1654 Cliffview Ave

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Ora Coleman
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 2269 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Recurrent Apnea — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Prematurity
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 2 1969 to October 5 1969 that (I) (we) last saw the deceased alive on October 5 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas P. Hyde M.D. DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/5/69
23C. PHYSICIAN'S NAME (Type): THOMAS P. HYDE DEGREE
23D. ADDRESS: Johns Hopkins Hospital, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital
24D. LOCATION (City, town, or county) (State): 601 N. Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS:

VS 150-REV. 1/1/68

S-240 69 9850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9850

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Vincent Sauchelli

2. DATE AND HOUR OF DEATH: October 1, 1969. 9:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 303 Overhill Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2714

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 303 Overhill Road

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 11, 1892. 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Agronomist

10B. KIND OF BUSINESS OR INDUSTRY: Soil Expert

11. BIRTHPLACE (State or foreign country): Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Sauchelli

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-016382

17. INFORMANT: Mrs. Elizabeth M. Sauchelli ADDRESS: (Same)

MEDICAL CERTIFICATION

1B. 4109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction — immediate

DUE TO, OR AS A CONSEQUENCE OF:

(B) Coronary arteriosclerosis — 2

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25 19 66 to 10/1/69 19 , that (I) (we) last saw the deceased alive on 9/29/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Francis M Gluck DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): Francis Gluck M.D. DEGREE

23D. ADDRESS: 606 W. University Pkway. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/4/69.

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Jones M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-152 69 9851

REG. NO. 69 9851

1. NAME OF DECEASED (Type or Print): FLORA DREW EVANS

2. DATE AND HOUR OF DEATH: Oct. 5th, 1969 12:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: GOULD'S CONVALESARIUM

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2735

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6903 Moyer Avenue

5. SEX: female

6. RACE: caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 15, 1890

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vermont

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Drew

14. MOTHER'S MAIDEN NAME: Minna Beede

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-01-4338

17. INFORMANT: Mrs. Virginia Stickle, 50 Rockywood Lane, Balt

ADDRESS:

MEDICAL CERTIFICATION

1B. 412.3

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Chronic myocarditis Myocardial failure — 4 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic C-V disease — 15 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C) Associated Cardiomegaly

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Senility

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 20 1968 to Oct. 5, 1969, that (I) (~~we~~) last saw the deceased alive on Oct. 4, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. V. Harbold M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: Oct. 6, 1969

23C. PHYSICIAN'S NAME (Type): Dr. Harold V. Harbold DEGREE

23D. ADDRESS: 4706 Harford Ave., Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): burial

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: National Memorial Park

24D. LOCATION (City, town, or county) (State): Falls Church, Va.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert F. Talbert M.D.

25C. FUNERAL DIRECTOR: Leonard J. Puck, Inc.-Balto, Md.-14

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-415 69 9852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9852

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Sullivan, Timothy P

2. DATE AND HOUR OF DEATH: 10-4-69 11:30 am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS Hospital Baltimore 3100 Wyman Pk. Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore
B. COUNTY: Maryland
C. CITY OR TOWN: "
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2010 E. 31st St. 906

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-1-20
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Sullivan
14. MOTHER'S MAIDEN NAME: Lucy I Seymour

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217 070756
17. INFORMANT: Records - USPHS Hosp. ADDRESS: Baltimore

MEDICAL CERTIFICATION

18. 192.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory failure — 20 months
DUE TO, OR AS A CONSEQUENCE OF: to Cancer
(B) Neuro fibro-sarcoma — "
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Neuro - fibro sarcoma

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-27-69 19 69 to 10-4 19 69 that (I) (we) last saw the deceased alive on 10-4 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did ~~not~~) view the body after death.

23A. SIGNATURE: Ronald E. Tinsley DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-4-69
23C. PHYSICIAN'S NAME (Type): Ronald E. Tinsley DEGREE
23D. ADDRESS: USPHS Hospital Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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H-520 69 9853

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9853

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): JOHN M. HAYNES Sr

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 4,1969 Hour 5:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2745
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 6201 Burgess Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Feb.22,1922
10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Charles W Haynes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Helen E McCauley

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO. 217-12-3358
18. INFORMANT: Mrs Norma H Haynes ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4124

Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N Kornblum M.D.
Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fisher M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. Baltimore, Maryland ADDRESS

VS 151-REV. 1/1/68

1 7 6 9 0 0 8 8 3 9

1

D-252 69 9854

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9854

BIRTH NO.

CERTIFICATE AMENDED - 10/15/69

1. NAME OF DECEASED (Type or Print) Victor ALBERT V. DICKENS	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1921 Wadsworth Way	3. DATE PRONOUNCED DEAD Month Day Year Hour October 4, 1969 1:25 PM
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2758
6. SEX Male; 7. RACE White; 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore; D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH April 21, 1903; 10. AGE (In years last birthday) 66; If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.	E. STREET AND NUMBER 1921 Wadsworth Way
11. BIRTHPLACE (State or foreign country) Bermuda; 12. CITIZEN OF WHAT COUNTRY? ~~U.S.A.~~ Bermuda	13. FATHER'S NAME George Dickens
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician; 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Emeline Stone
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service); 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs Barbara Payne; ADDRESS Same

MEDICAL CERTIFICATION

19. 4124

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/7/69	24C. NAME of CEMETERY or CREMATORY Lake View Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. OCT 7 1969	25B. NAME OF REGISTRAR Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR Leonard J Ruck Inc	ADDRESS Baltimore, Maryland

VS 151 REV. 1/1/68

1 9 6 9 0 0 9 8 5 4 0

10/15/69 - Correction form from funeral director. LBC.

R-200

BIRTH NO. 69 9855

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9855

1. NAME OF DECEASED (Type or Print): BRUCE RICE.

2. DATE AND HOUR OF DEATH: 10/14/1969 | 7 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore. 2201
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE.
D. STREET ADDRESS (If rural, give location): 411 S. Sharp St.

5. SEX: M
6. RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
8. DATE OF BIRTH: 11/7/1924
9. AGE (In years last birthday): 44.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Samuel Rice
14. MOTHER'S MAIDEN NAME: Dora Fields

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-14-2334
17. INFORMANT: Marian Rice
ADDRESS: 1846 W. Fayette St

MEDICAL CERTIFICATION

18. 486X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) Pneumonia
DUE TO
(B) aspiration ?
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/7/1969 to 10/14/1969, that (I) (we) last saw the deceased alive on 10/14/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. S. Al Ibrahim M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): M. S. AL-IBRAHIM M.D.
23D. ADDRESS: Maryland General Hospital.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/9/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Faulkner M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 661 W Barre St

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

L-100

BIRTH NO. 69 9856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9856

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CERTIFICATE AMENDED 10/14/69

1. NAME OF DECEASED (Type or Print): Love, Samuel

2. DATE AND HOUR OF DEATH: 10/2/69 11:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: THE JOHNS HOPKINS HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2101
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 758 Mc HENRY ST.

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] SEPARATED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-7-~~29~~ 1930
9. AGE (In years last birthday): 39 ~~40~~
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM LOVE
14. MOTHER'S MAIDEN NAME: JOSEPHINE WRIGHT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 28 2161
17. INFORMANT: Elvena Coleman — ADDRESS: 635 S Paca St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiovascular collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) oropharyngeal tumor — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) brain stem

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: oropharyngeal Ca

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 1 1969 to Oct 2 1969 that (I) (we) last saw the deceased alive on Oct 2 1969 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vincent P. Reale MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/2/69
23C. PHYSICIAN'S NAME (Type): VINCENT P. REALE M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert C. Valentine
25C. FUNERAL DIRECTOR: Charles A. Riddlemoyer — ADDRESS: Barre St

VS 150-REV. 1/1/68

10/10/69 - Correction form from funeral director. ABC.

1

W-420 69 9857

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9857

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print) L. RAYMOND WELSH	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year October 5,1969 Hour 11:50 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)	3. DATE PRONOUNCED DEAD Month Day Year October 5,1969 Hour 11:50 A.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2749
6. SEX Male; 7. RACE White; 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore; D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH Dec. 29,1916; 10. AGE (In years last birthday) 53**52*; If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.	E. STREET AND NUMBER 1648 Heathfield Road
11. BIRTHPLACE (State or foreign country) Baltimore; 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Abraham Welsh
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---- ; 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Rosa L. Longest
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW2; 17. SOCIAL SECURITY NO. 218.01.4038	18. INFORMANT Mrs.Minnie L.Benny; ADDRESS 1648 Heathfield Rd.

MEDICAL CERTIFICATION

19. 412.4 + 250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes Mellitus

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE R.W. Fisher M.D.

EXAMINER'S NAME (Type) Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Oct.9.1969	Baltimore Nat. Cem.	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 7 1969	Robert E. Farber, M.D.	Philip Herwig Sons	2024 Orleans St.

VS 151-REV. 1/1/68

1969 0 0 0 8 9 3

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

L-200 69 9858

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9858

1. NAME OF DECEASED (Type or Print): Roger Dale Legg

2. DATE AND HOUR OF DEATH: Sept. 30, 1969 11:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 904
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2735 Matthews Street

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/30/42
9. AGE (In years last birthday): 27 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin Legg
14. MOTHER'S MAIDEN NAME: Florence Hypes
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 234-66-8427
17. INFORMANT: Records- US PHS Hospital, ADDRESS: Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

204.0

(A) IMMEDIATE CAUSE: Acute lymphocytic leukemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 6 1969 to Sept. 30 1969 that (I) (we) last saw the deceased alive on Sept. 30 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/30/69
23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 10-3-69
24C. NAME of CEMETERY or CREMATORY: Legg Cemetery
24D. LOCATION (City, town, or county) (State): Hico, FayetteCo., W.Va.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Phillips Funeral Home
ADDRESS: 2024 Orleans St

VS 150-REV. 1/1/68

1

69 9859

S-322

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69-10535

REG. NO. 69 9859

46/99

1. NAME OF DECEASED (Type or Print): JAMES STOKES

2. DATE OF DEATH: Known [X] Estimated [ ] Month October Day 1 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 1 Year 1969 Hour 12:30 PM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1502
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2018 Westwood Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: June 12, 1969
10. AGE (In years last birthday): If Under 1 Yr. If Under 24 Hrs. Months 3 Days Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Kilbrick Brown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Linda Stokes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs. Ola M. Stoke ADDRESS: 2018 Westwood Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 4, 1969
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Brooklyn, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: [illegible], M.D.
25C. FUNERAL DIRECTOR: Joseph L. Lewis ADDRESS: 2222 W. North Ave, Baltimore, Md.

9 6 9 0 0 9 8 5 9

VS 151-REV. 1/1/68

54-98-69 1B 1

N-636 69 9860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9860

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOLA NORTHERN

2. DATE AND HOUR OF DEATH: 9/29/69 10 25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1702

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 474 MANSE COURT 21201

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-6-09

9. AGE (In years last birthday): 60

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodial Worker

10B. KIND OF BUSINESS OR INDUSTRY: Balto. Dept. Ed.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Matthews

14. MOTHER'S MAIDEN NAME: Lulu Parnell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-14-9292

17. INFORMANT: RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE, MD

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: undifferentiated Ca of lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF: c̄ cerebral metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/27 19 69 to 9/29 19 69 that (I) (we) last saw the deceased alive on 9/29 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lynne I. Neefe DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/29/69

23C. PHYSICIAN'S NAME (Type): LYNNE I. NEEFE, MD DEGREE

23D. ADDRESS: c/o Balto. City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct. 4, 1969

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Joseph C. Russ Funeral Home

ADDRESS: 2222 Westwood Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-462 69 9861

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9861

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Carroll Clark

2. DATE AND HOUR OF DEATH: 9/28/69 | 8 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 20 N. Smallwood Street.

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH: 3/21/33
9. AGE (In years last birthday): 36
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Clark
14. MOTHER'S MAIDEN NAME: Viola Young

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
If yes, give war or dates of service: Apr 3, 1953 Jan 3, 1955
16. SOCIAL SECURITY NO.: 215-30-2645
17. INFORMANT: Mrs Lorraine Davis
ADDRESS: 2808 Carver Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Heart failure and Renal failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) post ventricular pericardial fistula repair.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/29/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ventriculo-pericardial fistula
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14 1969 to 9/28 1969 that (I) (we) last saw the deceased alive on 9/28 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/28/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 2, 1969
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Joseph K. Russ
ADDRESS: 2222 W. North Ave

VS 150-REV. 1/1/68

BIRTH NO. H-455 69 9862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69 9862

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): HAMLIN JOHN GESPER

2. DATE AND HOUR OF DEATH: 10·4·69 — 11:30 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Franklin Square Hospital 36

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1602
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 515 N Calhoun Street

5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):
8. DATE OF BIRTH: 7-30-85
9. AGE (In years last birthday): 84 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hamlin
14. MOTHER'S MAIDEN NAME: Mattie P.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-30-0315
17. INFORMANT: Records
ADDRESS:

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO: Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

(B) DUE TO:

(C):

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: anemia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9·30 19 69 to 10·4 19 69, that (I) (we) last saw the deceased alive on 10·4 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10·4·69
23C. PHYSICIAN'S NAME (Type): M.D.
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-8-69
24C. NAME of CEMETERY or CREMATORY: Arbutus
24D. LOCATION (City, town, or county) (State): Arbutus Balto, Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Thomas A. Wilson
ADDRESS: 1913 W. Balto St.

9 0 0 0 8 8 7 6

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9863 REG. NO. 69 9863

1. NAME OF DECEASED (Type or Print): Grant J. Taylor

2. DATE AND HOUR OF DEATH: 10-2-69 1:25 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital, Inc 1514 Division Street Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1703
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 625 W. Lafayette Avenue

5. SEX: Male 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-15-97 9. AGE (In years last birthday): 72 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tractor Driver 10B. KIND OF BUSINESS OR INDUSTRY: Oil Company

11. BIRTHPLACE (State or foreign country): North Carolina 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Gramson Taylor 14. MOTHER'S MAIDEN NAME: Jennie Ashford

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-9943

17. INFORMANT: Mrs. Maria Taylor (Wife) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 199.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Gen. Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 11, 19 69 to October 2, 19 69 that (I) (we) last saw the deceased alive on October 2, 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Tenesco MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 10-2-69

23C. PHYSICIAN'S NAME (Type): G. TENESCO MD DEGREE

23D. ADDRESS: 1514 Division Street Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10-10-69 24C. NAME of CEMETERY or CREMATORY: Family Lot Faison N. C. 24D. LOCATION (City, town, or county) (State): Faison, N. C.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Nutter's Funeral Home ADDRESS: 3035 W. North Ave.

VS 150-REV. 1/1/68

1
E-120

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69-9606 69 9864 REG. NO. 69 9864

1/6/99

1. NAME OF DECEASED (Type or Print): ANTHONY EPPS B.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 10 Day 5 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 5, Year 1969 Hour 6:45 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1506
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1-25-69
10. AGE (In years last birthday): If Under 1 Yr. Months 8 Days 7; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 2753 W. North Avenue

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Phillip J. Epps

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Patricia Lee Keene

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. None
18. INFORMANT: Phillip J. Epps ADDRESS: 2753 W. North Ave.

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

295X

CAUSE OF DEATH: Sudden death in infancy

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-8-69
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fabey M.D.
25C. FUNERAL DIRECTOR: Nutter's Funeral Home ADDRESS: 3035 W. North Ave.

VS 151-REV. 1/1/68 1969000850

J-552

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9865 REG. NO. 69 9865

1. NAME OF DECEASED (Type or Print): Alise JENNINGS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 10 Day 6 Year 1969 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 6 Year 1969 Hour 7:58 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2315 Harlem Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2315 Harlem Avenue

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Aug 27, 1939
10. AGE (In years last birthday): 30
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alphonso Jones

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist
14B. KIND OF BUSINESS OR INDUSTRY: Dr. Office
15. MOTHER'S MAIDEN NAME: Anna Harrod

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Anna Jones ADDRESS: 1005 Carrollton Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Advanced Pulmonary and Renal Tuberculosis, active — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 0 11 2

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher MD M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Nutter's Funeral Home
ADDRESS: 3035 W. North Ave.

69 9865 1

VS 151-REV. 1/1/68

R-2001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9866 REG. NO. 69 9866

1. NAME OF DECEASED (Type or Print): FRANK JOSEPH ROESCH

2. DATE AND HOUR OF DEATH: OCTOBER 3, 1969 11 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1619 North Chapel Street
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 806
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1619 North Chapel Street

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 17, 1881
9. AGE (In years last birthday): 88
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer Retired
10B. KIND OF BUSINESS OR INDUSTRY: XXXXXXX
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Roesch
14. MOTHER'S MAIDEN NAME: Theresa Kuntzman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217 07 4413 A
17. INFORMANT: Mrs Victoria T. Roesch ADDRESS: 1619 N. Chapel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial infarction — acute
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic C-V Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov. 15, 1969 to Sept. 17 1969, that (I) (~~we~~) last saw the deceased alive on Sept. 17, 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Louis R. Maser M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): Louis R. Maser DEGREE
23D. ADDRESS: 117 West 29th Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Most Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Henry Sander & Sons Inc. ADDRESS: Baltimore Maryland 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-260 69 9867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9867

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNIE LEE BAKER

2. DATE AND HOUR OF DEATH: 10/4/69 9:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

CERTIFICATE AMENDED - 10/9/69

HAVEN NURSING HOME

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1510

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3939 Pennhurst Ave

5. SEX: F

6. RACE: C

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/9/1922

9. AGE (In years last birthday): 47 ~~56~~

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SUMTER S CARO.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: EZEKIEL BAKER

14. MOTHER'S MAIDEN NAME: EMMA PITTS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR MALICHI BAKER

ADDRESS: 3823 Boerman Ave

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Dec. 5, 1967 to Oct. 4 1969, that (I) (~~we~~) last saw the deceased alive on Oct. 1 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Abraham B. Hurwitz DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Oct. 7, 1969

23C. PHYSICIAN'S NAME (Type): ABRAHAM B. HURWITZ DEGREE

23D. ADDRESS: 7501 Liberty Rd, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/9/69

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry

24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE RECD BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Tabery M.D.

25C. FUNERAL DIRECTOR: Addiphus Halstead

ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/9/69 - Correction form from funeral director.

LBe

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-400 69 9868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9868

1. NAME OF DECEASED (Type or Print): Hinton Kelly
2. DATE AND HOUR OF DEATH: 10-4-69 | 1 50 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: 1701 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☐ NO ☐ — E. STREET AND NUMBER: 516 Pearl St.
5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-30-04 ?
9. AGE (In years last birthday): 64 — If Under 1 Yr. Months / Days / Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: JAMES KELLY
14. MOTHER'S MAIDEN NAME: CAROLINE WASHINGTON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR GEORGE KELLY, DURHAM N C — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic renal failure — ?

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerotic heart disease

~~DUE TO, OR AS A CONSEQUENCE OF:~~

(C) Hyperosmolar coma

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-3 8pm 1969 to 10-4 1969 that (I) ~~(we)~~ last saw the deceased alive on 10-4 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Jean M. Jackson, MD — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-4-69
23C. PHYSICIAN'S NAME (Type): JEAN M. JACKSON, M.D. — DEGREE
23D. ADDRESS: Maryland Gen'l Hospital 827 Linden Ave Baltimore 21201

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/9/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead — ADDRESS: 1206 W Nrth Ave

VS 150-REV. 1/1/68

1

R-000 69 9869

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9869

BIRTH NO.

44
99

1. NAME OF DECEASED (Type or Print): LONNIE RAY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 4,1969 Hour 2:50 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1203
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 338 E. 28th Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12/6/31
10. AGE (In years last birthday): 38 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Lonnie Ray Sr,

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Louise Kenna

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs Ray , ADDRESS: 2332 Barclay St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 966 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Stab wound of the neck
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 416 Worsley Street 1204

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Oct.4,1969 2:45 A.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Stabbed during argument

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/4/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/9/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Ave

VS 151-REV. 1/1/68

N 8 7 9 4 7 0 0 0 8 8 5 5

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-420 69 9870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9870

CERTIFICATE AMENDED - 10/10/69

1. NAME OF DECEASED (Type or Print): MR. JOHN H. BLICK

2. DATE AND HOUR OF DEATH: ~~10-7-69~~ 10/6/69 ~~12:10 A.M.~~ 11:45 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1702
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1313 Etting Street

5. SEX: M
6. RACE: C
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/11/10
9. AGE (In years last birthday): 58
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Blick
14. MOTHER'S MAIDEN NAME: Thelma
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): W W 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrr Leroy Blick, same
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF: Terminal Stage of Gastric Cancer — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 wks
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 15 19 68 to October 7 19 69, that (I) (we) last saw the deceased alive on September 6 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthorn Malaisrie MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: October 7, 1969
23C. PHYSICIAN'S NAME (Type): ANTHORN MALAISRIE MD. DEGREE
23D. ADDRESS: Mercy Hosp. Inc. 307 St Paul St. Balto Md 21202

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: Lawrenceville
24D. LOCATION (City, town, or county) (State): Virginia

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W orth Ave

0 0 0 8 5 6

VS 150-REV. 1/1/68

10/10/69 - Letter from Mercy Hospital dated 10/8/1969.
Signed by L. Omer Huesman, Medical Record Librarian.
Death Cert. #207161.

LBC.

T-512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9871 REG. NO. 69 9871

1. NAME OF DECEASED (Type or Print): THOMPSON, Sadie

2. DATE AND HOUR OF DEATH: 10/5/69 12:33 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 704

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 804 N. Chester Street

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 1-17-03 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS WATERS

14. MOTHER'S MAIDEN NAME: MARY BLAKE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-67-9504

17. INFORMANT: MAGALENE CARTER ADDRESS: 2632 ASHLAND AVE

CAUSE OF DEATH

1B. 410.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arrhythmia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): HASCVD & H/O MI

MEDICAL CERTIFICATION

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 23 1969 to 12 23 19..., that (I) (we) last saw the deceased alive on ~~[illegible]~~ 19..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 10/6

23C. PHYSICIAN'S NAME (Type): MARC Lippman DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10/9/69

24C. NAME of CEMETERY or CREMATORY: Mt. AUBURN CEM.

24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Faulkner, M.D.

25C. FUNERAL DIRECTOR: WM MARSH FUNERAL SERVICE ADDRESS: 928 E. NORTH

VS 150-REV. 1/1/68

Thompson, Sadie 37 9572

RELEASED AS NON-MED BY FUNERAL DIRECTOR: IMPORTANT 10/5/69

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-252 69 9872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9872

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GASKINS, DAZELLA

2. DATE AND HOUR OF DEATH: 10-6-69 / 20 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND EMERGENCY OBSERVATION

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MONTABELLO STATE HOSP
B. COUNTY:
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 329 E. 28TH ST # 18 1203

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-5-95
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BARON GASKINS
14. MOTHER'S MAIDEN NAME: BETTY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARGARET WINFIELD ADDRESS: 329 E 28th St

MEDICAL CERTIFICATION

18. 569.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ANEMIA, HYPOGLYCEMIA
DUE TO, OR AS A CONSEQUENCE OF: ASCUD, CHRONIC
(B) G.I. BLEEDING, AZOTEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(C) OLD CVA = HEMIPARESIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-5 1969 to 10-6 1969, that (I) (we) last saw the deceased alive on 10-6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: F. G. Thurman MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-6-69
23C. PHYSICIAN'S NAME (Type): F. G. THURMAN, MD DEGREE
23D. ADDRESS: USPHS HOSP BALT.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEM. PARK
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Tabor M.D.
25C. FUNERAL DIRECTOR: R/B MARCH ADDRESS: 928 E NORTH AVE

VS 250 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-525 69 9873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9873

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John F. Johnson

2. DATE AND HOUR OF DEATH: 10/3/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2708 Matthew Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 904

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2708 MATTHEWS ST. 21218

5. SEX: M 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 2-22-72 9. AGE (In years last birthday): 97 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216289279

17. INFORMANT: MARY HINTON ADDRESS: 2708 MATTHEW ST

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 412.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(B) chronic bronchitis

DUE TO, OR AS A CONSEQUENCE OF:

(C) cerebral vascular insufficiency

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ....., that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: D B Case, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): David B. Case, M.D. DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10/6/69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: W. C. MARCH ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-452

BIRTH NO. 69 9874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9874

1. NAME OF DECEASED (Type or Print): WILLIAMS, Annie (Martin)

2. DATE AND HOUR OF DEATH: October 3, 1969 10:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 807

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1730 E. Preston Street

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 5/3/33 9. AGE (In years last birthday): 36 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Va. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Diggs 14. MOTHER'S MAIDEN NAME: Alice Newby

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: Slater Williams ADDRESS

MEDICAL CERTIFICATION

18. 135 X I 011.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intrapulmonary hemorrhage — minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic obstructive pulomnary disease and high dose steriods — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Sarcoidosis and h/o tuberculosis — years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Cachexia, probable pneumonia — 4 weeks

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 4 1969 to October 3 1969 that (I) (we) last saw the deceased alive on October 3 1969 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N F Adkinson Jr MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: October 3, 1969

23C. PHYSICIAN'S NAME (Type): N. Franklin Adkinson, Jr., M. D. DEGREE 23D. ADDRESS: Johns Hopkins Hospital, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Oct 7/69 24C. NAME of CEMETERY or CREMATORY: Balt. Nat Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Milton E. Elinkson ADDRESS: 1129 N. Carlton St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

S-300 69 9875 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9875

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROGER SCOTT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 4, 1969 Hour 10:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
91 MONTEBELLO STATE HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2744

6. SEX: Male
7. RACE: Negro
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Dec. 9, 1938
10. AGE (In years last birthday): 30
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 1510 Pentwood Road

11. BIRTHPLACE (State or foreign country): Balt Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Rodger Scott

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Elizabeth Cowe

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Colleen Scott ADDRESS: 1510 Pentwood Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E 969.8

(A) Intracerebral Hemorrhage — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Gunshot wound of spine with quadriplegia

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 901 E. Eager Street 1002

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): June 6, 1968 1:50 A.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot during a party

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 9/69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR / ADDRESS: Joseph T. Eleckson 1129 N. Carlin St

VS 151-REV. 1/1/68

N 806,995 0 0 0 8 0 6 1

F-460 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9876

REG. NO. 69 9876

1. NAME OF DECEASED (Type or Print): Florence May Fowler

2. DATE AND HOUR OF DEATH: Oct. 6, 1969 5:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2749
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: ~~N. Galvert Street~~ 1676 Burnwood Rd

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-29-1884
9. AGE (In years last birthday): 85
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sapp
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-09-5605D
17. INFORMANT: Mr. John C. Civish
ADDRESS: 1300 Glendale Road

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 440.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 16 March 68 19 to 6 Oct 69 19, that (I) ~~(we)~~ last saw the deceased alive on 1 Oct 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: W. G. Helfrich DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Oct 7 69
23C. PHYSICIAN'S NAME (Type): Dr. William G. Helfrich DEGREE
23D. ADDRESS: 5006 Roland Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-1969
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

10/ 9/69 Last place of residence before entering nursing home was 1676 Burnwood Rd. per Long Green Nursing Home

CJ

0-256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9877 REG. NO. 69 9877

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Joy Leonard O'Conor

2. DATE AND HOUR OF DEATH: 10-4-1969 12:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 8 Cross Keys Road Apt. 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2775
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ** [X] NO [ ]
E. STREET AND NUMBER: 8 Cross Keys Road

5. SEX: F
6. RACE: W
7. MARRIED ** [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-24-1927
9. AGE (In years last birthday): 41
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Leonard
14. MOTHER'S MAIDEN NAME: Mary Harrington

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-38-6176
17. INFORMANT: Mr. Eugene F. O'Conor ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diabetes mellitus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yr.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 13 1962 to 10-4 1969, that (I) (we) last saw the deceased alive on 10-3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Frederick J. Vollmer M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10-6-69
23C. PHYSICIAN'S NAME (Type): Dr. Frederick J. Vollmer DEGREE
23D. ADDRESS: 6100 York Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

0 8 8 8 5

VS 150-REV. 1/1/68

T-250

BIRTH NO. 69 9878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9878

1. NAME OF DECEASED (Type or Print): Dorsey Potter Tyson

2. DATE AND HOUR OF DEATH: Oct. 1, 1969 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3501 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 1202

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3501 St. Paul St.

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 1/17/1891

9. AGE (In years last birthday): 78

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. Dorsey Tyson

14. MOTHER'S MAIDEN NAME: Lillian Potter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Ethel L. Potter ADDRESS: 3016 Guilford Ave

MEDICAL CERTIFICATION

18. 4927

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pulmonary Emphysema — years

DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic C.V.D — years

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 4 1968 to October 1 1969, that (I) (~~we~~) last saw the deceased alive on July 1 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: J. Frank Suppler, II DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/3/69

23C. PHYSICIAN'S NAME (Type): J. Frank Suppler, ~~M.D.~~ DEGREE

23D. ADDRESS: 1810 St Paul St, Balt 2, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/4/69

24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery

24D. LOCATION (City, town, or county): North Ave (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Mitchell Wiedefeld ADDRESS: Home 6500 York Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-5201

C-645 69 9879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9879

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary E. Carlin also MaryE. Lynch

2. DATE AND HOUR OF DEATH: 10/4/1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 5300

C. CITY OR TOWN: Stoneleigh D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 809 Stoneleigh Rd.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/16/1885 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): England 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Carlin 14. MOTHER'S MAIDEN NAME: Margaret E

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-44-9957-J 17. INFORMANT: Mrs. Margaret C. Boyle ADDRESS: 809 Stoneleigh Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

E887 X

(A) IMMEDIATE CAUSE: Cerebral Vascular
DUE TO, OR AS A CONSEQUENCE OF:
(B) Accident — 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) Fracture of Rt Hip — 6 wks

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CERTIFICATION APPROVED BY BUREAU OF MEDICAL EXAMINERS

19A. DATE OF OPERATION: 08/23/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fracture Rt Hip

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Long Green Nursing Home Belford Ave

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): August 22, 1969

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☒

21F. HOW DID INJURY OCCUR? Fell at Home after slight cerebral Accident

22. I certify that (I) (this hospital) attended the deceased from 8/10 1969 to 9/4 1969, that (I) (~~we~~) last saw the deceased alive on 10/2 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Charles F. O'Donnell M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 10/6/69

23C. PHYSICIAN'S NAME (Type): Charles F. O'Donnell M.D. DEGREE 23D. ADDRESS: 7501 York Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/7/69 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery 24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969 25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D. 25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

V8-20,4

VS-160 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-653 69 9880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9880

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marguerite H. Frantz

2. DATE AND HOUR OF DEATH: October 3, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2707 Manhattan Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 2719
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2707 Manhattan Ave

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/10/1876
9. AGE (In years last birthday): 93
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ny. N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hauck
14. MOTHER'S MAIDEN NAME: Barbara Schmidtnecht

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220 09 9626 D
17. INFORMANT: Miss Grace A. Frantz ADDRESS: 2707 Manhattan Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arteriosclerotic Heart Disease — 20 years

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Jan 68 19— to Oct 19 69, that (I) (we) last saw the deceased alive on October 3 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Levy DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): Robert T. Levy DEGREE:
23D. ADDRESS: 114 Medical Arts Bldg

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county): Pikesville Balto. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-630 69 9881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9881

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LENA M. FORD

2. DATE AND HOUR OF DEATH: OCT. 6, 1969 | 6:32 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE, INC.

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. - 21208 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ✓ NO ☐

E. STREET AND NUMBER: 7227 DEERFIELD RD.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6 | 8 | 90

9. AGE (In years last birthday): 78

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dress Shop

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Moses

14. MOTHER'S MAIDEN NAME: Ida

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-8013

17. INFORMANT: MIRIAM SPIELDOCK (DAUGHTER) ADDRESS: 7227 DEERFIELD RD. 21208

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF:

(B) DIABETES MELLITUS

DUE TO, OR AS A CONSEQUENCE OF:

(C) HCVD w/ CHRONIC CONGESTIVE HEART FAILURE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: AUSTIN MOORE PROSTHESIS, RIGHT HIP.

19A. DATE OF OPERATION: OCT. 3 | 69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: SUBCAPITAL FRACTURE RIGHT HIP

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 7227 DEERFIELD RD 21208

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9 / 28 / 69

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒

21F. HOW DID INJURY OCCUR? SLIPPED + FELL IN BEDROOM

22. I certify that (I) (this hospital) attended the deceased from OCT. 3 1969 to OCT. 6 1969 that (I) (we) last saw the deceased alive on OCT. 6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Renato H. Gecolea, M.D. DEGREE: Renato H. Gecolea, MD

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: OCT. 6 / 69

23C. PHYSICIAN'S NAME (Type): RENATO H. GECOLEA, M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE, INC.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct 7, 1969

24C. NAME of CEMETERY or CREMATORY: Shaarei Zion

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Sylvan Levin & Son, Inc. ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-552

BIRTH NO. 69 9882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9882

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EMMA CUNNINGHAM

2. DATE AND HOUR OF DEATH: 10/4/69 4⁴⁰ A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. SINAI NURSING HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Allegheny Co. 5100
C. CITY OR TOWN: LONCONING D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: H WATERSTATION RUN

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/26/03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonza Miller
14. MOTHER'S MAIDEN NAME: Mary Walsh

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-3703
17. INFORMANT: Mrs. James Wanner "Daughter" ADDRESS: Baltimore, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of cervix — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 YRS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): NONE

19A. DATE OF OPERATION: N/A
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/29/69 19 to 10/4 1969, that (I) (~~we~~) last saw the deceased alive on 9/29/69 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Morton M. Mower MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/4/69
23C. PHYSICIAN'S NAME (Type): MORTON M. MOWER M.D. DEGREE
23D. ADDRESS: 200 W. COLDSPRING LA. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: St. Marys Cemetery
24D. LOCATION (City, town, or county) (State): Lonaconing Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: George Eichhorn ADDRESS: Lonaconing, Md.

VS 150-REV. 1/1/68

S-512 69 . 9883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9883

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Simpson, Julian T.

2. DATE AND HOUR OF DEATH: Sept. 30, 1969 | 3:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital 33rd and Calvert Sts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 1206
C. CITY OR TOWN: Baltimore, Md.
D. INSIDE CITY LIMITS? YES [S] NO [ ]
E. STREET AND NUMBER: 2327 N. Charles St

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10-31-84
9. AGE (In years last birthday): 185 785
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper-Ret.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland (Newport)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexious Simpson
14. MOTHER'S MAIDEN NAME: Emma Boarman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Audrey Price, Callaway, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. 4369.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebro vascular accident
DUE TO, OR AS A CONSEQUENCE OF:
(B) atherosclerotic vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Fracture L hip

19A. DATE OF OPERATION: 8-8-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fracture L hip
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 8 8 69
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? Fall

22. I certify that (I) (this hospital) attended the deceased from Sept. 1 1969 to Sept. 30 1969, that (I) (we) last saw the deceased alive on Sept. 30 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Gunnett, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Sept. 30 1969
23C. PHYSICIAN'S NAME (Type): DR. ROBERTA GUNNETT DEGREE
23D. ADDRESS: UNION MEM.HOSP.33RD &CALVERT STS. BALTO.MD 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 4, 1969
24C. NAME of CEMETERY or CREMATORY: Trinity Cemetery
24D. LOCATION (City, town, or county) (State): Newport, Charles Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 7 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Arehart Funeral Home Inc, La Plata, Md.
ADDRESS:

VS 150-REV. 1/1/68

Body released by Medical examiner: Mr. Henry

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-340 69 9884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9884

1. NAME OF DECEASED (Type or Print): Jacob Emmet Little

2. DATE AND HOUR OF DEATH: 10/2/69 2.15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hood Nursing Home 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Catonsville
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 504 Valcour Rd.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 5, 1902
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Kopper Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Little
14. MOTHER'S MAIDEN NAME: Julia M. Emmet

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 215-05-5006
17. INFORMANT: Mrs. Viola Uebel ADDRESS: Catonsville, Md

MEDICAL CERTIFICATION

18. I 154.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Carcinoma of rectum with metastasis — 5-6 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: July 69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of rectum
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 11 19 65 to Oct. 2 19 69, that (I) (~~we~~) last saw the deceased alive on Oct 1 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: John Nesbitt Jr MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-3-69
23C. PHYSICIAN'S NAME (Type): John A. Nesbitt, Jr., M.D. DEGREE
23D. ADDRESS: 1009 Frederick Road, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Loudon Pk. Cem
24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Tolley, M.D. 9000
25C. FUNERAL DIRECTOR: D. D. MacNabb ADDRESS: 301 Frederick Rd Balto 28 Md.

VS 150-REV. 1/1/6B

M-460

BIRTH NO. 69 9885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9885

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BERNARD W. MILLER

2. DATE AND HOUR OF DEATH: Oct. 4, 1969 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2632
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5339 Todd Avenue

5. SEX: male
6. RACE: caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 17, 1907
9. AGE (In years last birthday): 61
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Follower
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Miller
14. MOTHER'S MAIDEN NAME: Julie Schoen

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-07-7484
17. INFORMANT: Mrs. Alice W. Miller, 5339 Todd Ave, Balto — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Acute myocardial infarction	1 hour
(B)	DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic heart Disc	6 mos
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-22- 1969 to 10-4-9 1969, that (I) (we) last saw the deceased alive on 9-11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Wyman K Wong M.D. DEGREE
23D. ADDRESS: 6801 Belair Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: Oct. 9, 1969
24C. NAME of CEMETERY or CREMATORY: Garden of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. - Balto, Md.-14 — ADDRESS

VS 150-REV. 1/1/68

G-400 69 9886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9886

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LeRoy Gill (LeRoy Gill)

2. DATE AND HOUR OF DEATH: ~~Not Known~~ 10/6/69 2:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Charles Gen. Hosp. 49

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2406
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2106 Woodbourne Ave

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/27/83
9. AGE (In years last birthday): 85
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired -- Sales
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Gill
14. MOTHER'S MAIDEN NAME: Agnes ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-12-8137A
17. INFORMANT: ~~Mrs.~~ Norman Gill, 1629 Gleneagle Rd. #12 Hospital Chart

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 492 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Emphysema — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cerebro Vascular accident

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): O
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13/ 1969 to 10/6/ 1969, that (I) (we) last saw the deceased alive on 10/6/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gracio V. Patricio. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): GRACIO V. PATRICIO DEGREE
23D. ADDRESS: Mercy Charles Gen Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/9/69.
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. 21214
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-526 69 9887

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9887

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): IDA ENGERLEIB

2. DATE AND HOUR OF DEATH: October 4, 1969 2,55 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryalnd B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3506 Millvale Road

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9. AGE (In years last birthday): 75 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-52-2216-51

17. INFORMANT: Mrs. Annette Sowbel ADDRESS: 3506 Millvale Road

MEDICAL CERTIFICATION

1B. 4 4.5.0 I 7 1 5 3.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Vascular occlusion & gangrene left leg

DUE TO, OR AS A CONSEQUENCE OF: arteriosclerosis

(B) Probable Ca ascending colon

DUE TO, OR AS A CONSEQUENCE OF:

(C) Glaucoma & loss vision

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 17 1962 to Oct 4 1969, that (I) (we) last saw the deceased alive on Oct 4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nathan E. Needle DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/6/69

23C. PHYSICIAN'S NAME (Type): NATHAN E. NEEDLE DEGREE

23D. ADDRESS: 6506 - Park Heights Ave Balto. Md 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct. 6/69

24C. NAME of CEMETERY or CREMATORY: Shomtei Mishmeres

24D. LOCATION (City, town, or county) (State): Rosedale, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: Sol Levinson & Bros Inc

ADDRESS: 6010 Reist Rd

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-516 69 9888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9888

1. NAME OF DECEASED (Type or Print): WEINBERG RAY

2. DATE AND HOUR OF DEATH: 10-5-69 5:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2720
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6422 PARK HEIGHTS AVE. 15 apt D

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 22, 1891
9. AGE (In years last birthday): 77
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Md. Annapolis Junction
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jacob Sykes
14. MOTHER'S MAIDEN NAME: Sarah Simonson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-52-4896
17. INFORMANT: Mr. Morris M. Caplan ADDRESS 6422 Park Hts Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Pulm. Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mos
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Atherosclerotic Cardiovascular Disease (?)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Carcinoma, Breast. Post radical mastectomy

19A. DATE OF OPERATION: 30 yrs ago
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma @ breast
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 5 19 69 to Oct 5 19 69, that (I) (we) last saw the deceased alive on Oct 5 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ella Sutton DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-5-69
23C. PHYSICIAN'S NAME (Type): ELLA T. SUTTON, M.D. DEGREE
23D. ADDRESS: SINAI HOSP. OF BALTO.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 6/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Hebrew
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.
25C. FUNERAL DIRECTOR: Sol Levinson & Bros Inc
ADDRESS: 6010 Reisterstown Rd.

VS 150-REV. 1/1/68

N-345 69 9889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9889

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Needalman Harry

2. DATE AND HOUR OF DEATH: 10-4/69 9:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Bal Balto. Co. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 6930 Marsue Dr # 8 apt 2A

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-7/05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Presser~~ CLEANER
10B. KIND OF BUSINESS OR INDUSTRY: ~~Cleaning~~ SELF EMPLOYED Employed
11. BIRTHPLACE (State or foreign country): Mobile, Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Barney Needalman
14. MOTHER'S MAIDEN NAME: Jennie Sharoff

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-32-0414
17. INFORMANT: Mrs Yetta Needalman
ADDRESS: 6930 MARSUE DRIVE, APT. 2 A

CAUSE OF DEATH

MEDICAL CERTIFICATION

I

1B. 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Gangrene Left leg

DUE TO, OR AS A CONSEQUENCE OF:

(C) Diabetic -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 10-3/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: (Amputation) Gangrene
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-1 1969 to 10-4 1969, that (I) (we) last saw the deceased alive on 10-4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-4/69
23C. PHYSICIAN'S NAME (Type): [illegible] DEGREE
23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 6/69
24C. NAME of CEMETERY or CREMATORY: Israel Har Zion Tifereth
24D. LOCATION (City, town, or county) (State): Rosedale, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Jabez E. Yerkes M.D.
25C. FUNERAL DIRECTOR: Sol Leibson & Bros Inc
ADDRESS: 6010 Reist Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-355 69 9890

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9890

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GOODMAN, GERTRUDE

2. DATE AND HOUR OF DEATH: 10/4/69 10²⁰ A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: HARFORD 62 00
C. CITY OR TOWN: EDGEWOOD
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2600 PHILADELPHIA ROAD

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-8-13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~ EMPLOYEE
10B. KIND OF BUSINESS OR INDUSTRY: ~~US GOV'T~~
11. BIRTHPLACE (State or foreign country): ~~USA~~ NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LATE MICHAEL GOLDSTEIN
14. MOTHER'S MAIDEN NAME: RAE TUCHMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR ARTHUR GOODMAN
ADDRESS: Edgewood, Md. 2600 PHILA Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 MIN
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Pulmonary Metastases — 10 MON
DUE TO, OR AS A CONSEQUENCE OF:

(C) Metastatic Breast Cancer — 6 YERS.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 1963
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Breast Cancer
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/25 19 69 to 10/4 19 69 that (I) (we) last saw the deceased alive on 10/4/69 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Lloyd A. Jacobs MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-4-69
23C. PHYSICIAN'S NAME (Type): LLOYD A. JACOBS DEGREE
23D. ADDRESS: Johns Hopkins Hosp Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: OCT 6/69
24C. NAME of CEMETERY or CREMATORY: BETH TFILOH
24D. LOCATION (City, town, or county) (State): WOODLAWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: Joel Feinson FNC
ADDRESS: Bus 6010 Reistertown Rd

VS 150-REV. 1/1/68

S-325 69 9891

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9891

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HANNA STICHMAN

2. DATE AND HOUR OF DEATH: 10/3/69 3.50 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL INC

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 2755
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Green Meadow ~~RD~~ PKWY. 6154

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: ~~6/x/x5/x/x9x~~
9. AGE (In years last birthday): ~~xxxx~~ 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SOLOMON LOWENTHAL
14. MOTHER'S MAIDEN NAME: IDA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: MR. MAX STICKMAN, 6154 GREEN MEADOW PKWY.
ADDRESS: #21209

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — 5 min
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Myocardial infarction — 2 wks
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diabetes Mellitus

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9/16/69 19 to 10/3/69 19 that (I) ~~(we)~~ last saw the deceased alive on 10/3/69 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Donal D. Graynor MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/3/69
23C. PHYSICIAN'S NAME (Type): DONAL D. GRAYNOR MD DEGREE
23D. ADDRESS: Sinai Hospital Inc.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION
24D. LOCATION (City, town, or county): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. 6010

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G-426 69 9892 X REG. NO. 69 9892

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUIS GLASER

2. DATE AND HOUR OF DEATH: OCTOBER 2, 1969 11:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

90 PLEASANT MANOR NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 8502 GLEN ~~MICHAEL~~ MICHAEL LANE, APT. 203 #21133

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 12, 1903

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT

10B. KIND OF BUSINESS OR INDUSTRY: INSURANCE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MORRIS GLASER

14. MOTHER'S MAIDEN NAME: JENNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-4595

17. INFORMANT: MRS. DOROTHY GLASER, ADDRESS: 8502 GLEN MICHAEL LANE APT. 203 #21133

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the Brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ASCVD / HSCVD — 1 yr

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8 1969 to 10 1969, that (I) (we) last saw the deceased alive on 9/30 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. ~~(I) (We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 10/4/69

23C. PHYSICIAN'S NAME (Type): DR. HARVEY FEUERMAN DEGREE

23D. ADDRESS: PIKESVILLE MEDICAL CENTER

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-6-69

24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH- BETH ISRAEL

24D. LOCATION (City, town, or county) (State): BOWLEYS LANE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9893

BIRTH NO. L-520 69 9893

1. NAME OF DECEASED (Type or Print): Marie Margaret Lenz

2. DATE AND HOUR OF DEATH: 10-2-69 12 50 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2917 Christopher Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2747
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2917 Christopher Ave

5. SEX: F
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb 13 1894
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Steve Schmitz
14. MOTHER'S MAIDEN NAME: Brenner
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Payne
ADDRESS: 2917 Christopher Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 15 3.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cancer of intestines — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from August 1969 to October 2 1969, that (I) (~~we~~) last saw the deceased alive on Sept. 25 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Donald Jandorf DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): DONALD JANDORF DEGREE
23D. ADDRESS: 7403 Harford Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/6/69
24C. NAME of CEMETERY or CREMATORY: Balto Nat. Cem
24D. LOCATION (City, town, or county) (State): Balto Co.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: O. P. Steemann
ADDRESS: 6067 Hay Rd

VS 150-REV. 1/1/68

B-650 69 9894

BIRTH NO. 69-20290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9894

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Girl Brown

2. DATE AND HOUR OF DEATH: October 1, 1969 11:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 103
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2529 Foster Ave

5. SEX: f 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 1, 1969 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 7 Min.: 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas N. Brown
14. MOTHER'S MAIDEN NAME: Linda Thompson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:

17. INFORMANT: Thomas Brown ADDRESS: 2529 Foster Ave

MEDICAL CERTIFICATION

18. 776.1

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-pulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Hyaline membrane disease
DUE TO, OR AS A CONSEQUENCE OF:

(C) C-section baby. Premature baby

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 1, 1969 to Oct. 1, 1969 that (I) (we) last saw the deceased alive on Oct. 2 11 AM PM 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Y H Lim DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10/2/69
23C. PHYSICIAN'S NAME (Type): YOUNG HEI LIM DEGREE
23D. ADDRESS: MERCY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/3/69
24C. NAME of CEMETERY or CREMATORY: GARDEN OF FAITHS
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

29A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI ADDRESS: 2525 FLEET ST

VS 150-REV. 1/1/68

M-635 69 9895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9895

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): David P. Martin

2. DATE AND HOUR OF DEATH: October 6, 1969 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines Belvedere Avenue 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 5300

C. CITY OR TOWN: Owings Mills D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: Kingsley Road

5. SEX: Male 6. RACE: Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: April 27, 1887 9. AGE (In years last birthday): 82 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Martin 14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W. W. 1 16. SOCIAL SECURITY NO.: 219-10-0197A 17. INFORMANT: Mrs. Evelyn Bowen 8339 Merrymount Drive ADDRESS 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Myocardial Inf.

DUE TO, OR AS A CONSEQUENCE OF:

(B) A S C V disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to 10/6 19 69, that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Daniel Wilfson DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 10/7/69

23C. PHYSICIAN'S NAME (Type): Danial Wilfson DEGREE 23D. ADDRESS: 5721 Park Heights Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Oct. 9, 69 24C. NAME of CEMETERY or CREMATORY: All Saints Cemetery 24D. LOCATION (City, town, or county) (State): Reisterstown Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969 25B. NAME OF REGISTRAR: Robert E. Kelly, M.D. 25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Rd. 21133

VS 150-REV. 1/1/68

1

P-630 69 9896 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9896

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BRENDA E PURDUE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month October Day 5 Year 1969 Hour 11:15 A.M.

3. DATE PRONOUNCED DEAD: Month October Day 5 Year 1969 Hour 11:15 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)

44/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 903

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: Jan 1 1962
10. AGE (In years last birthday): 7
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1128 E. 36th Street

11. BIRTHPLACE (State or foreign country): Jacksonville Fla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph C. Perdue

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: Gladys Hoyt

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.
18. INFORMANT: Gladys Bittjinitis ADDRESS: 4602 Ritchie Hwy.

MEDICAL CERTIFICATION

19. E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Multiple Injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Alameda Blvd. 75' South of 35th Street 902
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Oct. 5, 1969 11:00 A.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Pedestrian struck by car

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.
24D. LOCATION (City, town, or county) (State): Glenburnie Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Faulkner
25C. FUNERAL DIRECTOR: John P. Cowen Jr. ADDRESS: Inc. 90, Holden St.

69 9896

VS 151-REV. 1/1/68

N869.0

(21223)

S-455

BIRTH NO. 69 9897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9897

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SALOMAN, CHARLES HENRY

2. DATE AND HOUR OF DEATH: OCTOBER 5, 1969 | 3:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

ST. AGNES HOSPITAL
40 WILKENS & CATON AVENUES
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 21228 5300

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 122 CHERRYDELL ROAD 21228

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 07-27-04

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: KRAMMER CO.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY SALOMAN

14. MOTHER'S MAIDEN NAME: MARY (UNKNOWN)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215057261

17. INFORMANT: BALTIMORE, MD. 21229 ADDRESS: ST. AGNES HOSPITAL, WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: AC-MI — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B)

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I)(this hospital) attended the deceased from OCTOBER 4, 1969 to OCTOBER 5 1969 that (I) (we) last saw the deceased alive on OCTOBER 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I)(We) (did) (did not) (I) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10-5-69

23C. PHYSICIAN'S NAME (Type): M. AFZAL M.D. DEGREE

23D. ADDRESS: St Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: St. John's Cemetery

24D. LOCATION (City, town, or county) (State): Ellicott City Howard Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9898

BIRTH NO. S-420 69 9898

1. NAME OF DECEASED (Type or Print): Myrtle V. Schlag

2. DATE AND HOUR OF DEATH: Oct 6th 69 | 7 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): OO 1144 Scott St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21021
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1144 Scott St.

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/26/1909
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Millersville Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Sterling
14. MOTHER'S MAIDEN NAME: Mary Estelle Butler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-20-0029
17. INFORMANT: Mrs Catherine Nazarenus
ADDRESS: 1147 Scott St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Coronary Thrombosis	Sudden
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Coronary Artery Disease	6 years
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)	Arteriosclerotic Heart Disease	6 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/2 1946 to 10/6 1969, that (I) ~~(we)~~ last saw the deceased alive on 9/27 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John P. Urlock Jr MD (DEGREE) — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): JOHN P. URLOCK JR MD (DEGREE)
23D. ADDRESS: 1227 Washington Blvd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/9/69
24C. NAME of CEMETERY or CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: John J. Cavanaugh Inc.
ADDRESS: 90 Hollins St. 23, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-626 69 9899

REG. NO. 69 9899

1. NAME OF DECEASED (Type or Print): Otto W Borchert

2. DATE AND HOUR OF DEATH: Oct. 5, 1969 | 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Ardleigh Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1348

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1201 W 40th Street

5. SEX: M 6. RACE: W 7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 18 May 1892 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10B. KIND OF BUSINESS OR INDUSTRY: Slaughter House

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Otto Borchert

14. MOTHER'S MAIDEN NAME: Annie Dittman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 09 1710

17. INFORMANT: Birdie Jones ADDRESS: 1203 W 40th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 10 1969 to 5 Oct 1969, that (I) (we) last saw the deceased alive on Sept 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W G Helfrich DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 7 Oct 69

23C. PHYSICIAN'S NAME (Type): William G. Helfrich DEGREE

23D. ADDRESS: 5006 Roland Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8 Oct 1969

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Burger Funeral Home ADDRESS: 3631 Falls Rd

Walter Heuss

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-355 69 9900

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9900

1. NAME OF DECEASED (Type or Print): HILDA REDMAN

2. DATE AND HOUR OF DEATH: Oct. 4, 1969 | 4:05 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: ~~3638 Hickory Ave.~~, H. 1306
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3638 - Hickory Ave

5. SEX: Female
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/13/09.
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: – Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Bowen
14. MOTHER'S MAIDEN NAME: ~~BOWEN~~ Martha V. Bull

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213 05 0202
17. INFORMANT: ELSWORTH Redman
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bleeding through Tracheotomy — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mins
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Tongue c
DUE TO, OR AS A CONSEQUENCE OF:
(C) metastasis.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): –

19A. DATE OF OPERATION: Sept. 25, 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Tumor crotch left jaw
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9/23/69 19 69 to October 4 19 69, that ~~(I)~~ (we) last saw the deceased alive on October 4 19 69 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Kantorn M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: October 4, 1969
23C. PHYSICIAN'S NAME (Type): KANTORN KRITAYAKIRANA, M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8 Oct 1969
24C. NAME of CEMETERY or CREMATORY: Lakeview Mem. Cem.
24D. LOCATION (City, town, or county) (State): Liberty Rd. Carroll Co

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: 3631 Falls Rd
Walter J. Hence

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-635 69 9901 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9901

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print): DANIEL P FORTNEY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 4, 1969 Hour 4:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPTTAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1348

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: June 29 1901

10. AGE (In years last birthday): 68
If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

E. STREET AND NUMBER: 1208 Delwood Avenue

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Fortney

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

14B. KIND OF BUSINESS OR INDUSTRY: Canning Co.

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

17. SOCIAL SECURITY NO. 173 03 0880

18. INFORMANT: Margaret Fortney (wife) ADDRESS: Same

MEDICAL CERTIFICATION

I. 4124 B-1-44 11-5-45 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 8 Oct 1969

24C. NAME of CEMETERY or CREMATORY: Lorraine Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.

25C. FUNERAL DIRECTOR: Eugene Funeral Home ADDRESS: 3634 Falls Rd Walter Hess

VS 151-REV. 1/1/68

53-45-69 CSK

W-252 69 9902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9902

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ~~Thomas Walter Wisniewski~~ THOMAS WISNIEWSKI

2. DATE AND HOUR OF DEATH: Oct 6, 1969 | 6:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore Md. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 102

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 428 S. Robinson St. 21224 007

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-13-06

9. AGE (In years last birthday): 63

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Gas Range Serviceman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Wisniewski

14. MOTHER'S MAIDEN NAME: Tillie Weber

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 214-03-3189

17. INFORMANT: BCH Records

ADDRESS: 4940 Eastern Ave. Baltimore Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial infarction. — 2 hours

DUE TO, OR AS A CONSEQUENCE OF:

(C) A S C V D — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 6 1969 to Oct 6 1969 that (I) (we) last saw the deceased alive on Oct 6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carl Winterstein MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 10-6-69

23C. PHYSICIAN'S NAME (Type): Carl Winterstein MD. DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/10/69

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: George A. Weber

ADDRESS: 705 South Ann St.

0 0 0 8 8 8

VS-15W-REV 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-652

BIRTH NO. 69 9903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9903

1. NAME OF DECEASED (Type or Print): Alexander August Varinski

2. DATE AND HOUR OF DEATH: Oct. 6, 1969 9⁰⁰ A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4709 Luerssen Ave. Baltimore, Maryland 21206

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2741
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4709 Luerssen Ave.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/17/1908
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10B. KIND OF BUSINESS OR INDUSTRY: Western Electric
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Varinski
14. MOTHER'S MAIDEN NAME: Josephine Chojnowski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-09-5922
17. INFORMANT: Mrs. Josephine Varinski Luerssen
ADDRESS: 4709

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypertensive Cardiovascular disease	1965
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Pulmonary Emphysema	1962
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1966 to Oct 6 1969, that (I) (~~we~~) last saw the deceased alive on Oct 2 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Permission of M.E. George D. Lippy DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): George D. Lippy DEGREE
23D. ADDRESS: 416 S Patterson Pk Ave - 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/9/69
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Dundalk Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: D. H. M. Weber & Son
ADDRESS: 401 S. Chester St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9904

BIRTH NO. L-500 69 9904

1. NAME OF DECEASED (Type or Print): HENRY LANE

2. DATE AND HOUR OF DEATH: 10-6-69 3:29 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NURSING CENTER 1213 LIGHT ST. BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ~~BALTIMORE~~ ANN CO. 5210
C. CITY OR TOWN: ~~BALTIMORE~~ ANNAPOLIS D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1959 WEST STREET

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-29-07
9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: PEGGY FIELDS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HELEN CROMWELL ADDRESS: ANNA. MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
185 X	(A) IMMEDIATE CAUSE: Carcinoma of Prostate	1 Yr.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Metastasis	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5/29 1969 to 10/6 1969, that (I) (we) last saw the deceased alive on 10/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A. C. Alexiadis MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): A. C. ALEXIADIS DEGREE
23D. ADDRESS: 1209 St. Paul St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-1969
24C. NAME of CEMETERY or CREMATORY: Broadneck
24D. LOCATION (City, town, or county) (State): St. Margarets Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackson
25C. FUNERAL DIRECTOR: William Reese
ADDRESS: Anna. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/9/69 Address is 1959 West St. Annapolis, Md.
Per Harbor View Nursing Home. JT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-525 69 9905 X REG. NO. 69 9905

1. NAME OF DECEASED (Type or Print): William R. Johnson

2. DATE AND HOUR OF DEATH: 10-1-69 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Dukeland Nurs. + Conv. Home 1501 Dukeland Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: Unknown Monkton, Md.

5. SEX: M 6. RACE: Negro 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 17 1886 9. AGE (In years last birthday): 82 If Under 1 Yr. Months: 9 Days: 13 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nickolas V. Johnson 14. MOTHER'S MAIDEN NAME: Georgianna Hall

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI 16. SOCIAL SECURITY NO. 220-09-2338A

17. INFORMANT: Mrs. Mary M. Johnson ADDRESS: 659 Elm St. Aberdeen Md.

MEDICAL CERTIFICATION

18. 3449 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pneumonitis, acute	4 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	Partial Paralysis & Spondylosis	1 year
DUE TO, OR AS A CONSEQUENCE OF: (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-30- 1969 to 10-1- 1969, that (I) (we) last saw the deceased alive on 9-29- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Percival P. Smith DEGREE Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ] 23B. DATE SIGNED: 10-2-69

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS: 4200 Edmondson Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10-6-1969 24C. NAME of CEMETERY or CREMATORY: Union Chapel United Meth. Cemetery 24D. LOCATION (City, town, or county) (State): Monkton Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969 25B. NAME OF REGISTRAR: Robert E. Fisher M.D. 25C. FUNERAL DIRECTOR: Estelle J. Bullock ADDRESS: Hare & Greg, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. G-616 69 9906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9906

1. NAME OF DECEASED (Type or Print): STRIVER W. GRUBER

2. DATE AND HOUR OF DEATH: 10/6/69 8:00 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp. 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☒
E. STREET AND NUMBER: 2213 Old Frederick Rd

5. SEX: M
6. RACE: Cau.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/20/04
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired worker
10B. KIND OF BUSINESS OR INDUSTRY: McCormick Asbestos
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? US.A.

13. FATHER'S NAME: Reuben Gruber
14. MOTHER'S MAIDEN NAME: Elvertia

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-2399
17. INFORMANT: Mrs. Alice Gruber, ADDRESS: 2213 Old Frederick Rd.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 163.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Fibrosis of lung and pleura
DUE TO, OR AS A CONSEQUENCE OF:
(C) Asbestosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: E.F.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): malignant tumor of pleura.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/27/68 19 to 10/6 19 69 that (I) (~~we~~) last saw the deceased alive on 10/6 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. V. Ribero MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/10/69
23C. PHYSICIAN'S NAME (Type): H. V. RIBERO MD DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: St. Paul Lutheran Cemetery
24D. LOCATION (City, town, or county) (State): Harney, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 1630 Edmondson Ave., Catonsville 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 69 9907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9907

1. NAME OF DECEASED (Type or Print): MILBURN. MARY JEANETTE.

2. DATE AND HOUR OF DEATH: 10/6/1969. 11 50/60 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 302
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 927 East Baltimore Street

5. SEX: F
6. RACE: W
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3/11/1913
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTO MD.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Asbury Sharp.
14. MOTHER'S MAIDEN NAME: Reba E. Stewart
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218 18 4018
17. INFORMANT: THOMAS SIBLEY
ADDRESS: 814 LANNERTON ROAD

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	few hours
DUE TO, OR AS A CONSEQUENCE OF:	Acute Blood Loss	
(B)	Diabetes Mellitus	few hours
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Prob. Ruptured Abd'l. Aneurysm	?

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes) or No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/3/69 19 to 10/6/1969 19 that (I) (we) last saw the deceased alive on 10/6/1969 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Firozvi MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/6/1969.
23C. PHYSICIAN'S NAME (Type): FIROZVI MD DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: OCT 9 1969
24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL CEM
24D. LOCATION (City, town, or county): FREDERICK RD (State): MD

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: THE DIPPEL BROS INC
ADDRESS: 1800 E LOMBARD ST

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150 REV. 7/1/68

P-620 69 9908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 69 9908

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma Price

2. DATE AND HOUR OF DEATH: 10/6/69 12:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View Nursing Care Center 1213 Light St Baltimore, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2788
C. CITY OR TOWN: Baltimore.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5238 Denmore Ave

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/1/1888
9. AGE (In years last birthday): 81.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mack Holland
14. MOTHER'S MAIDEN NAME: Henrietta

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 212-32-3869
17. INFORMANT: Elaine Boyd
ADDRESS: 3207 Burleith Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
412.4	(A) IMMEDIATE CAUSE: Cardiac Arrest	Sudden
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) A.S.C.V. Disease	?
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Arteriosclerosis - Senility	?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/1 1969 to 10/6 1969, that (I) (we) last saw the deceased alive on 10/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph S. Bloom DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): Joseph S. Bloom DEGREE
23D. ADDRESS: 1115 N. Calvert St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-69 October
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-220 1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9909 69-16649 REG. NO. 69 9909

39/99

1. NAME OF DECEASED (Type or Print): NORMAN JUKES, JR. AKA Normas

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — October 4, 1969 5:50 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1602
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 910 N. Calhoun Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Sept 7, 1969
10. AGE (In years last birthday): 3 weeks
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Normas Jukes Sr

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Carolyn Hardy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Normas Jukes Sr ADDRESS: 910 N. Calhoun St

MEDICAL CERTIFICATION

19. 795 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Sudden death in infancy

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): B
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat Ce
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: A. L. Byrnes ADDRESS: 2222 N. North ave

VS 151-REV. 1/1/68

M 620

Mayers, Raiford
30 98 68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9910 REG. NO. 69 9910

1. NAME OF DECEASED (Type or Print): MAYERS, Raiford

2. DATE AND HOUR OF DEATH: Oct. 6, 1969 4:50 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 704
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 947 Durham Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/17/25
9. AGE (In years last birthday): 44
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Chapin, S.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Willie Mayers
14. MOTHER'S MAIDEN NAME: Lillian Mont
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW II
(If yes, give war or dates of service): YES
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian Mont ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Seizure disorder
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard H. Glew M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Richard H. Glew, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: Leroy Wilson ADDRESS: 1000 Beaumont Ave

VS 150-REV. 1/1/68

RELEASED ON APPROVAL BY M.E. 10/6/69

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-435 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9911

BIRTH NO. 69 9911

1. NAME OF DECEASED (Type or Print): Helen Belton

2. DATE AND HOUR OF DEATH: 10/6/69 6:35 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 601 N. Broadway, Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: -
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 229 Bethel Ct.

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Jan 12-1905
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jones
14. MOTHER'S MAIDEN NAME: Gertrude Simpson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Joyce Russell
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Perforated sigmoid colon
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David G. Ansel M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): DAVID G. ANSEL M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-13-69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Guy O. Wilson
ADDRESS: 1002 Brandley Ln

VS 150-REV. 1/1/68

RELEASED ON APPROVAL DR. SPITZ

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1
M-620

BALTIMORE CITY HEALTH DEPARTMENT

69 9912 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 9912

1. NAME OF DECEASED (Type or Print): Allen Morris (Morse)

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 10 Day: 6 Year: 69 Hour: 1:20 a.m.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 6 Year: 69 Hour: 1:20 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 703
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 950 N. Collington Ave.

6. SEX: male
7. RACE: colored
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Set
10. AGE (In years last birthday): 65 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Lunenburg Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert E Morse

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel mill
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lucy

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES
17. SOCIAL SECURITY NO.: 213-07-2398
18. INFORMANT: Emmiejane Morse ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 10/7/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: Arlington Cem
24D. LOCATION (City, town, or county) (State): Arlington Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Elroy C. Wilson ADDRESS: 1000 Brandywine

VS 151-REV. 1/1/68

S-536 1

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9913 REG. NO. 69 9913

1. NAME OF DECEASED (Type or Print): HOWARD W. SAUNDERS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 4,1969 Hour 8:45 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
OC 236 Douglas Ct. (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 625

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Nov 4 - 1945
10. AGE (In years last birthday): 23
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 236 Douglas Ct.

11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Howard W. Saunders

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Louisa Saunders

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.
18. INFORMANT: Margaret Saunders ADDRESS

MEDICAL CERTIFICATION

19. I 304.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Intravenous narcotism

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Thos B Wilson
ADDRESS: 001 Greenleafe

VS 151-REV. 1/1/68

S-163

BIRTH NO. 69 9914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9914

1. NAME OF DECEASED (Type or Print): Maggie Sheppard

2. DATE AND HOUR OF DEATH: 10-2-69 | 6:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1504
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2003 Monroe St

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1-23-93
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kad W. Cooper
14. MOTHER'S MAIDEN NAME: Josephine Toddle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214-64-0514
17. INFORMANT: Previous Hospital Record
ADDRESS:

MEDICAL CERTIFICATION

18. 410.9

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ≈ 24 hrs

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerotic Heart Disease — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): O
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9-18 19 69 to 10-2 19 69 that (I) (we) last saw the deceased alive on 10-2 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William L. Boddie MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-2-69
23C. PHYSICIAN'S NAME (Type): William L. Boddie MD DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: 1969 OCT 8
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wilington L. Phillips
ADDRESS: 1717 N. Monroe St.

VS 150-R (Rev. 1/68)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-620

BIRTH NO. 69 9915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9915

1. NAME OF DECEASED (Type or Print): Gertrude Harris
Mrs Gertrude Harris

2. DATE AND HOUR OF DEATH: 10-4-69 3:30 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: ~~1227 Washington BLVD~~ 228 Beale Court

5. SEX: F
6. RACE: Colored
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 8-2-04
9. AGE (In years last birthday): 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D.C.
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Lancy Whitner
14. MOTHER'S MAIDEN NAME: Lucennia Hudson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219 03 6898
17. INFORMANT: Hattie Campbell ADDRESS: 1509 Bradford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Kidney Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Left leg gangrene
DUE TO, OR AS A CONSEQUENCE OF:
(C) Bilateral arterial disease of legs with complete occlusion of the superficial femoral artery (2)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetic

19A. DATE OF OPERATION: July 29, 69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: arterial occlusion
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-21 1969 to 10-4 1969 that (I) (we) last saw the deceased alive on 10-4-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Prabir K. Bose M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): PRABIR K. BOSE M.D. DEGREE
23D. ADDRESS: Church Home & Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): A.A. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Wallington & Phillips
ADDRESS: 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-606 69 9916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9916

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emile J. Meyer SR.

2. DATE AND HOUR OF DEATH: October 5, 1969 | 5:14 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1605

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1119 Wheeler Avenue

5. SEX: male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-3-19

9. AGE (In years last birthday): 50

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer (retired)

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie Meyer

14. MOTHER'S MAIDEN NAME: Marcellina Kato

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): USA 1942-1947

16. SOCIAL SECURITY NO.: 213 28 6462

17. INFORMANT: Records - USPHS Hospital, Baltimore, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

395.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Aortic stenosis & insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Rheumatic heart disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from February 11 1969 to February 19 1969 that XX (we) last saw the deceased alive on July 22, 1969 and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. XX (We) (did) XXXXX view the body after death.

23A. SIGNATURE: Samuel P. Ward, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 10-7-69

23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, M.D. DEGREE

23D. ADDRESS: USPHS Hospital, 3100 Wyman Park Drive Baltimore, Maryland 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-10-69

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Arlington S. Phillips

ADDRESS: 172 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-520 69 9917 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9917

BIRTH NO.

46/99

1. NAME OF DECEASED (Type or Print): JACK ~~LOMAX~~ Warren LOMAX

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 4 Year 1969 Hour 4:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): LUTHERAN HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 1-13-1920
10. AGE (In years last birthday): 49 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 1543 N. Payson Street

11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Lomax

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farman
14B. KIND OF BUSINESS OR INDUSTRY: Miller Concrete Co.
15. MOTHER'S MAIDEN NAME: Mattie Barton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Aileen Lomax ADDRESS: Same

MEDICAL CERTIFICATION

19. E 880 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolism
DUE TO, OR AS A CONSEQUENCE OF:

(B) Phlebothrombosis of Right Leg
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Building
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Miller Concrete Co. Bethesda, Maryland 6500

22D. TIME OF INJURY (APPROX.) (Month) Nov. (Day) (Year) 1968 (Hour) ? m.
22E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐ (4)
22F. HOW DID INJURY OCCUR? Subject fell while at work

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-8-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 3 1969
25B. NAME OF REGISTRAR: Robert E. Fielding, M.D.
25C. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1727 N. Monroe St.

VS 151-REV. 1/1/68

N996.8 6 9 0 0 0 0 7 0 3

BIRTH NO. P-230 69 9918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 69 9918

1. NAME OF DECEASED (Type or Print): PICKETT PAUL

2. DATE AND HOUR OF DEATH: Oct 6, 1969 11:[illegible] A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View CC 1213 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 807
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1405 N. Caroline St.

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Sept 2 1902
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Julia Highsmith ADDRESS: 1405 N. Caroline

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Cancer of Esophagus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-26 1969 to 10-7-1969, that (I) (~~we~~) last saw the deceased alive on 10-7-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. A. Gongon, M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 704 Gorman Road Laurel Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct 9/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert S. [illegible]
25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1129 N. Caroline St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-630 69 9919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9919

1. NAME OF DECEASED (Type or Print): ELLEN P. WORTHY

2. DATE AND HOUR OF DEATH: OCTOBER 7, 69 1:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NURSING AND CONVALESCENT CENTER

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1511
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3906 1/2 CALAWAY AVENUE

5. SEX: FEMALE
6. RACE: COLORED
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5/22/00
9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNK
14. MOTHER'S MAIDEN NAME: ALICE RETTER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Othelo Adams ADDRESS: 3906 1/2 Calloway Ave

MEDICAL CERTIFICATION

1B. 25 0.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cerebro Vascular accident — 24 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardio-Vascular Disease — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20/ 1969 to 10/7/69 19..., that (I) (~~we~~) last saw the deceased alive on 10/7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando V. Goco M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type): Rolando V. Goco, M.D. DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: Bertonde Byett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/6B

1

S-550 69 9920

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69-06570 REG. NO. 69 9920

1. NAME OF DECEASED (Type or Print): Larece C. Shannon

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 10 Day: 7 Year: 69 Hour: 9:45 a.m.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 7 Year: 69 Hour: 9:45 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1608

6. SEX: female
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 4-12-1969
10. AGE (In years last birthday) — If Under 1 Yr. If Under 24 Hrs. Months: 5 Days: Hours: Min.

E. STREET AND NUMBER: 2728 Harlem Ave.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Roger Shannon

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Gertrude Bey

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: -0-
18. INFORMANT: Miss Gertrude Bey ADDRESS: 2477 Shirley Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SDII Interstitial pneumonitis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 10/7/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St

VS 151-REV. 1/1/68

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B-260 69 9921 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9921

BIRTH NO. 69-16550

6-20-69

33/49

1. NAME OF DECEASED (Type or Print): Darvon or DARVIN BAKER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 10 Day 3 Year 69 Hour 8:37 a.m.

3. DATE PRONOUNCED DEAD: Month October Day 3 Year 1969 Hour 8:37 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital D.O.A.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 909

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 6-24-69
10. AGE (In years last birthday)
If Under 1 Yr. If Under 24 Hrs. Months 3 Days Hours Min.
E. STREET AND NUMBER: 1110 E. Lanvale St.

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Baker

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
14B. KIND OF BUSINESS OR INDUSTRY: NONE
15. MOTHER'S MAIDEN NAME: Doretha Williams

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. NONE
18. INFORMANT: Doretha Baker ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy XX and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XXXXX
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: Isidore Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: Oct. 3, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cmty
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackey M.D.
25C. FUNERAL DIRECTOR: Rudolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

Letter from M.E.'s office 2-19-70 M.H

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B-625 69 9922

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9922

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT BROCKINGTON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 10 Day 4 Year 69 Hour M.

3. DATE PRONOUNCED DEAD: Month October Day 4 Year 1969 Hour 9:45 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 704
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 809 N. Chapel Street

6. SEX: Male

7. RACE: Negro

8. MARITAL STATUS: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1-23-43

10. AGE (In years last birthday): 26
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cleo Davis

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Factory

15. MOTHER'S MAIDEN NAME: Mamie Brockington

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Dorothy Brockington ADDRESS: 1729 Darley Ave.

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E966X

CAUSE OF DEATH: Stab wound of the chest

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 800 Blk. N. Chapel Street 704

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 10-4-69 8:45 P. m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Stabbed during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cmty.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 1/1/68

N8 7370 9 0 0 0 9 8

55-11-53 IB

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-362 69 9923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9923

1. NAME OF DECEASED (Type or Print): Elizabeth C. Peterson

2. DATE AND HOUR OF DEATH: 10-5-69 11:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 EASTERN AVENUE, BALTIMORE, MD. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 520 S. Ellwood Ave. #21224.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-29-84
9. AGE (In years last birthday): 85
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (State or foreign country): BALTIMORE Maryland,
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John G. MOONEY
14. MOTHER'S MAIDEN NAME: KATHERINE DEEGAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-54-3743
17. INFORMANT: RECORDS-BCH-4940 EASTERN AVENUE
ADDRESS: admission papers to BCH.

MEDICAL CERTIFICATION

18. 153.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE ~~Cor~~ irreversible shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Ross. Sepsis — 20-24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C) anastomotic breakdown following colon resection for cancer — 2 wks.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9-24-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: carcinoma
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-15-69 ~~19~~ to 10-5 19 69 that (I) (we) last saw the deceased alive on 10-5-69 ~~19~~ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Susan R. Luck M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-5-69
23C. PHYSICIAN'S NAME (Type): SUSAN R. LUCK M.D. DEGREE
23D. ADDRESS: Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD., BA. Co., MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Tasby, M.D.
25C. FUNERAL DIRECTOR: Charles S. Zeiler
ADDRESS: 901 S. CONKLING ST. BALTO., 21224, MD.

VS 150-REV. 1/1/68

1

W-425 69 9924

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9924

BIRTH NO.

31/19

1. NAME OF DECEASED (Type or Print): SAMUEL WOODROW [redacted] WILSON

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: October, Day: 5, Year: 1969, Hour: M.

3. DATE PRONOUNCED DEAD — Month, Day, Year: Octoner 5,1969, Hour: 1:25 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2636
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Oct. 14,1916
10. AGE (In years last birthday): 52 ~~51~~ — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.
E. STREET AND NUMBER: 1220 ~~Steiton Avenue~~ Steelton Ave.#21224.

11. BIRTHPLACE (State or foreign country): Carbondale, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J.Joseph Wilson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY: Balto. City Worker
15. MOTHER'S MAIDEN NAME: Nettie Breeden

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W.II
17. SOCIAL SECURITY NO.: 236-01-0304
18. INFORMANT: Virginia L. Wilson — ADDRESS: Same.

MEDICAL CERTIFICATION

19. 412.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hypertensive Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/5/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-9-69.
24C. NAME of CEMETERY or CREMATORY: Baltimore National Ceme.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles S. Giles
ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

VS 151-REV. 1/1/68

1969 0089 08

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9925

BIRTH NO. L-520 69 9925

1. NAME OF DECEASED (Type or Print): Sister Perpetua Lynch

2. DATE AND HOUR OF DEATH: October 5, 1969 3:00 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 94 Villa Saint Michael

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore City 2841

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4000 Forest Hill Road 21207

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: October 1, 1876 9. AGE (In years last birthday): 93 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: Sister of Charity

11. BIRTHPLACE (State or foreign country): Winchester, Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Lynch

14. MOTHER'S MAIDEN NAME: Ann O'Brien

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-54-0258-J1

17. INFORMANT: Sister Andrea ADDRESS: Same address

CAUSE OF DEATH

1B. 440.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-vascular collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) General Arteriosclerosis — 15 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): No injury

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? No injury

22. I certify that (I) (this hospital) attended the deceased from June, 1954 19 to October 1969, that (I) (we) last saw the deceased alive on September 30, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Damian P. Alagia DEGREE — Attending Phys. [X] Mod. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: October 5, 1969

23C. PHYSICIAN'S NAME (Type): Damian P. Alagia DEGREE

23D. ADDRESS: 3326 Frederick Avenue, Baltimore 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10/7/69

24C. NAME of CEMETERY or CREMATORY: Villa St. Michael - on grounds of Seton Inst.,

24D. LOCATION (City, town, or county) (State): 6400 Wabash Av., City.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.

25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. ADDRESS: 108 W. North Av., City

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-452 69 9926 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9926

BIRTH NO.

40/99

1. NAME OF DECEASED (Type or Print): MICHAEL I. WILLIAMS

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month Day Year: October 5, 1969 — Hour: 9:40 P. M.

3. DATE PRONOUNCED DEAD — Month Day Year: October 5, 1969 — Hour: 9:40 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2834
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 842 Cooks Lane #21229

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 9-14-04
10. AGE (In years last birthday): 65
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: BENJAMIN WILLIAMS
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER
14B. KIND OF BUSINESS OR INDUSTRY: UNITED AUTO WRECKING COMPANY
15. MOTHER'S MAIDEN NAME: BRANNA ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 170-03-0576 A
18. INFORMANT: MRS. FLORENCE WILLIAMS, ADDRESS: 842 COOKS LANE #29

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: LORRAINE PARK
24D. LOCATION (City, town, or county) (State): WINDSOR MILL ROAD, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN RD.

VS 151-REV. 1/1/68

1969 0 0 0 8 9 1 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-253 69 9927

REG. NO. 69 9927

1. NAME OF DECEASED (Type or Print): BEATRICE SISKIND

2. DATE AND HOUR OF DEATH: OCTOBER 6/69 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. co. 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 8017 WOODGATE CT, APT. E #21207

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: JAN. 1, 1904 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 10B. KIND OF BUSINESS OR INDUSTRY: BOOKKEEPER

11. BIRTHPLACE (State or foreign country): LITHUANIA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAVID ZISKIN

14. MOTHER'S MAIDEN NAME: CELIA BARROLD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. ROBERT ZISKIN, ADDRESS: 8017 WOODGATE CT., APT. E

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

1B. 433.9

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — Approximate interval between onset and death: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral Cryotherapy — 9 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Parkinson's Disease — 30 yrs

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: Oct 2, 1968 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Parkinson's Disease

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 1940 to 10-6 1969, that (I) (we) last saw the deceased alive on Oct 4 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. W. Jacobson MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10-6-69

23C. PHYSICIAN'S NAME (Type): M. W. JACOBSON MD DEGREE

23D. ADDRESS: 6810 Park Heights Ave 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 10-7-69 24C. NAME of CEMETERY or CREMATORY: PROGRESSIVE RUDOMER VEREIN 24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969 25B. NAME OF REGISTRAR: Robert E. Talley, M.D. 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-623 69 9928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9928

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Albert Kerviton

2. DATE AND HOUR OF DEATH: October 6, 1969 12 35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines, Belvedere, W. Belvedere Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2730

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 3328 Clarke Lane - Apt D

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 5, 1901 9. AGE (In years last birthday): 68 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: automobiles

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ida Goldberg (LIVING)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): 218-03-2158A

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Ada Kerviton ADDRESS: 3328 Clarke Lane Apt D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic carcinoma — Approximate interval between onset and death: 2 yr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma colon — 2 1/2 yr

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: No

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): no

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1/6 1964 to 10/6 1969, that (I) (we) last saw the deceased alive on 10/6 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Maurice Feldman DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/6/69

23C. PHYSICIAN'S NAME (Type): MAURICE FELDMAN DEGREE:

23D. ADDRESS: 6610 Cross Country Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct 7/69

24C. NAME of CEMETERY or CREMATORY: Arty Chaim

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Sol Leanson & Bros Inc

ADDRESS: 6010 Reist Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-350 69 9929 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9929

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MORRIS SUTTON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 7, 1969 Hour 12:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL (DOA)

39/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1608

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: FEB 28-42
10. AGE (In years last birthday): 27
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 783 Grantley Street

11. BIRTHPLACE (State or foreign country): BALTO MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DANIEL SUTTON

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOCK CLERK
14B. KIND OF BUSINESS OR INDUSTRY: WHOLE: CANDY
15. MOTHER'S MAIDEN NAME: GRACE McLOOD

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
17. SOCIAL SECURITY NO.: 214-37-3015
18. INFORMANT: BEULAH SUTTON ADDRESS: 783 GRANTLEY ST

MEDICAL CERTIFICATION

19. 304.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Intravenous Narcotism

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 10/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: MT AUBURN
24D. LOCATION (City, town, or county) (State): BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969 OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Marshall A. Hepps ADDRESS: 638 N Gamon St

VS 151-REV. 1/1/68

1969000 8915

32-31-83 IB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-525 69 9930

REG. NO. 69 9930

1. NAME OF DECEASED (Type or Print): BRENDA LEE VINSON

2. DATE AND HOUR OF DEATH: 10-6-69 1:20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): B 31 BALTIMORE CITY HOSPITALS, 4940 EASTERN AVENUE, BALTIMORE, MARYLAND 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 804
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1413 N. CHESTER ST. 21213

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-12-42
9. AGE (In years last birthday): 27
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALBERT MC DUFFY
14. MOTHER'S MAIDEN NAME: MARGARET

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: RECORDS*BCH-4940 EASTERN AVENUE

MEDICAL CERTIFICATION

18. 493X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Acute Asthmatic Attack — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30'

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/16 19 to 10/6 19 69, that (I) (we) last saw the deceased alive on 10/6 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lee J Cordova MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 10/6/69
23C. PHYSICIAN'S NAME (Type): LEE J. CORDOVA, MD DEGREE
23D. ADDRESS: B CH-4940 EASTERN AVENUE, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: Mt "uburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimor md

25A. DATE REC'D BY HEALTH DEPT.: OCT 8 1969
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: A Halstead ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

A-143 69 9931

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9931

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Herman K. Affeldt

2. DATE AND HOUR OF DEATH: 10-7-69 11:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: TA A 5200
C. CITY OR TOWN: Glen Burnie
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Jumpers Hole Road

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-28-1907
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Mechanic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adolph Affeldt
14. MOTHER'S MAIDEN NAME: ~~XXXXX~~ Amelia Glanzer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Henry D. Affeldt
ADDRESS: 2008 N. Rolling Rd. 21207

MEDICAL CERTIFICATION

18. 486X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia gram negative shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Hepatocellular failure

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-6-1969 to 10-7-1969 that (I) (we) last saw the deceased alive on 10-7-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: [signature], M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type): BAYANI L. MANALO M.D. DEGREE
23D. ADDRESS: % Mercy Hospital Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-68
24C. NAME of CEMETERY or CREMATORY: St. John's Cemetery (Lutheran)
24D. LOCATION (City, town, or county) (State): Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. H-362 69 9932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9932

1. NAME OF DECEASED (Type or Print): Hedrick, Myctle R

2. DATE AND HOUR OF DEATH: October 6, 1969 | 7:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 914 Maiden Choice Lane

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH: 7-25-07 9. AGE (In years last birthday): 62 yrs. If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Mullenex

14. MOTHER'S MAIDEN NAME: Mary E. White

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 234-32-4978

17. INFORMANT: Chart William L. Hedrick - 914 Maiden Choice Lane 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 450X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Shock

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Pulmonary Infarction.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9. 13. 1969 to 10. 6. 1969 that ~~(I)~~ (we) last saw the deceased alive on 10. 6. 69 19 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A. Lalani M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10. 6. 69.

23C. PHYSICIAN'S NAME (Type): A. S. LALANI DEGREE

23D. ADDRESS: Bon Secours Hospital Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-10-69

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Tarby, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard

ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

W-650 69 9933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9933

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Theodore Wareheim

2. DATE AND HOUR OF DEATH: 2:30 AM 10/7/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital Baltimore MD. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: AA 5200

C. CITY OR TOWN: Linthicum

D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 106 Sycamore Rd.

5. SEX: M

6. RACE: W

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]

8. DATE OF BIRTH: 6/15/70

9. AGE (In years last birthday): 99 years

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Garage Owner

11. BIRTHPLACE (State or foreign country): Canal County MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Wareheim

14. MOTHER'S MAIDEN NAME: Gertrude Bollinger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: 106 Sycamore Rd. (daughter) ADDRESS

MEDICAL CERTIFICATION

1B. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF: arrhythmia & shock due to

(B) DUE TO, OR AS A CONSEQUENCE OF: heart failure, severe dehydration

(C) renal failure

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9:45 PM 10/6 1969 to 2:30 AM 10/7/ 1969, that (I) (we) last saw the deceased alive on 1:30 AM 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N. N. Jam M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): Mohammad Nickbakht Jam DEGREE

23D. ADDRESS: University Hospital Baltimore MD. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10 Oct. 69

24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 69 9934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9934

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALICE JANE WYATT

2. DATE AND HOUR OF DEATH: Oct 7 1969 | 12:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): So. BALTIMORE GENERAL HOSPITAL 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 2301
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1044 S. CHARLES ST

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 6/12/84
9. AGE (In years last birthday): 86 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-01-8554-D.
17. INFORMANT: HOSP. CHART ADDRESS:

MEDICAL CERTIFICATION

18. 412.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ARTERIOSCLEROTIC CVD c

IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF: PULMONARY EDEMA

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: SEVERAL YEARS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept 9 1969 to Oct 7 1969 that (I) (~~we~~) last saw the deceased alive on Oct 7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: William Eric Sohr MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): WILLIAM ERIC SOHR MD DEGREE
23D. ADDRESS: 4402 COLBORNE RD. BALTO 29 MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE CEM.
24D. LOCATION (City, town, or county) (State): Wash. Blvd. DORSEY Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Tesh (?)
25C. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME
ADDRESS: 1116 S. CHARLES

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-600

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 9935

Registered No. 69 9935

1. NAME OF DECEASED (Type or Print): Myrtle Marie Groh

2. DATE AND HOUR OF DEATH: October 7, 1969 M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D O A South Baltimore General Hospital

43
99

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2544

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 4136 Doris Avenue 21225

5. SEX: Female

6. RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: March 17, 1920

9. AGE (In years last birthday): 49 yrs

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank R. Leibig

14. MOTHER'S MAIDEN NAME: Augusta Hahn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-8995

17. INFORMANT: Mr. John R. Groh, Sr. ADDRESS: 4136 Doris Ave. 21225

MEDICAL CERTIFICATION

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

1B. 4109 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/30/67 19 to 8/6/69 19, that (I) (we) last saw the deceased alive on 8/6/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Groh M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/8/69

23C. PHYSICIAN'S NAME (Type): R. LOZADA M.D.

23D. ADDRESS: 1228 S. Chas St. Balt. (Md 21230)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/10/69

24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Park

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md. A. A. Co.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.

25C. FUNERAL DIRECTOR: McCally F.H. ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

A-652 69 9936

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9936

BIRTH NO. 69-12710

CERTIFICATE AMENDED -11/13/69

1. NAME OF DECEASED (Type or Print): PEARL ARMSTRONG	2. DATE OF DEATH — Known [X] Estimated [ ] — Month October, Day 1, Year 1969, Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital (DOA) — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD — Month October, Day 1, Year 1969, Hour 11:35 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 301
6. SEX: Female — 7. RACE: White — 8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [ ] NO [ ]
9. DATE OF BIRTH: 8/29/69 — 10. AGE (In years last birthday) — If Under 1 Yr. If Under 24 Hrs. Months: ~~3~~ 1½ Days: Hours: Min.:	E. STREET AND NUMBER: 290 South Spring Court
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Lester Armstrong
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 14B. KIND OF BUSINESS OR INDUSTRY: —	15. MOTHER'S MAIDEN NAME: Catherine Chambers
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service) — 17. SOCIAL SECURITY NO.: none	18. INFORMANT: Mrs. Catherine Armstrong — ADDRESS: 290 S. Spring Ct

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Sudden death in infancy

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: October 2, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 10/7/'69	24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969	25B. NAME OF REGISTRAR: Robert E. Faber, M.D.	25C. FUNERAL DIRECTOR: John A. Moran, Inc.	ADDRESS: 3000 E. Baltimore St.

VS 151-REV. 1/1/68

69 000 8922

11/13/69 - Letter from Dr. Charles S. Springate, Ass't. Medical Examiner. Letter dated 11/10/69.

LBC

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L-560

R-560 69 9937

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9937

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GUY RENNER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month: Oct. Day: 7 Year: 1969 Hour: M.

3. DATE PRONOUNCED DEAD: Month Day Year: October 7, 1969 Hour: 2:38 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 610 S. Umbra Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2605
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 610 S. Umbra Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH: 11/8/1902
10. AGE (In years Last birthday): 66 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dowley Renner
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Amanda Emery
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWII
17. SOCIAL SECURITY NO.:
18. INFORMANT: Freyfuneral Home ADDRESS: Fairmont W. Va.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/8/69

24A. BURIAL-CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 10/69
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Fairmont W. Va.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Jaybey M.D.
25C. FUNERAL DIRECTOR: Frey Funeral Home ADDRESS:

VS 151-REV. 1/1/68

0 0 0 0 0 9 2 3

C-140

BIRTH NO. 69 9938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9938

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROSE A. CAPLE

2. DATE AND HOUR OF DEATH: 10/2/69 7:53 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Pikesville D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 11 Waldron Ave.

5. SEX: F
6. RACE: Cau.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 28, 1880
9. AGE (In years last birthday): 88 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James Kimmeg
14. MOTHER'S MAIDEN NAME: Christina Webster
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Margaret Reitemeier ADDRESS: 11 Waldron Ave. Pikesville Md.

MEDICAL CERTIFICATION

18. 4124

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia — 1 wk
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVA — several weeks
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic CVD — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): old age & debility

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/30 19 69 to 10/2 19 69 that (I) (we) last saw the deceased alive on 10/1 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Dionisio B. Yorro DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): DIONISIO B. YORRO MD. DEGREE
23D. ADDRESS: Sinai Hosp. of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Oct. 6, 1969
24C. NAME of CEMETERY or CREMATORY: Pleasant Grove Cemetery
24D. LOCATION (City, town, or county) (State): Finksburg, Md.
25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Taylor
25C. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-523 69 9939

REG. NO. 69 9939

1. NAME OF DECEASED (Type or Print): Harry Konstantine

2. DATE AND HOUR OF DEATH: 10-3-69 5:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 1 W. Franklin Street Md.

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1 W. Franklin Street 401

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-15-98

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10B. KIND OF BUSINESS OR INDUSTRY: Maritime

11. BIRTHPLACE (State or foreign country): Turkey

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 160-18-3296

17. INFORMANT: U.S. Public Health Service ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Uncontrollable upper GI bleeding 2° Esophageal varices

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe portal cirrhosis portal hypertension with thrombosis of portal vein

DUE TO, OR AS A CONSEQUENCE OF:

(C) Atelectasis rigert upper lobe 2° severe fibrin constriction pseuplourites pleurites

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Pulminary embolization right L. L. femoral

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/22/1969 to 10/3/1969 that (I) (we) last saw the deceased alive on 10/3/1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. S. Al Ibrahim DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10/7/69

23C. PHYSICIAN'S NAME (Type): M. S. AL-IBRAHIM DEGREE

23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.

25C. FUNERAL DIRECTOR: Matthews Funeral Home

ADDRESS: Decker + Eastern

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-432 69 9940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9940

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SADIE GOLDSTEIN

2. DATE AND HOUR OF DEATH: 10/7/69 7:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE, INC

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 6908 MARSUE DRIVE, APT. 1-C #15

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-18-98

9. AGE (In years last birthday): 70

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HYMAN COHEN

14. MOTHER'S MAIDEN NAME: ~~XXXXX~~ LENA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR. GUS GOLDSTEIN ADDRESS: 6908 MARSUE DR., APT. 1-C

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MI

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-6 19 69 to 10-7 19 69 that (I) (we) last saw the deceased alive on 10-7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [illegible] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10/7/69

23C. PHYSICIAN'S NAME (Type): RAFAEL LEVITES M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): W. ROGERS AVE., MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-324 69 9941

REG. NO. 69 9941

1. NAME OF DECEASED (Type or Print): STANFORD Z. ROTHSCHILD

2. DATE AND HOUR OF DEATH: OCTOBER 7, 1969 1:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2215 KEN OAK ROAD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2755

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2215 KEN OAK ROAD #21209

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-7-94

9. AGE (In years last birthday): 75

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED EXECUTIVE

10B. KIND OF BUSINESS OR INDUSTRY: SUN LIFE INSURANCE COMPANY OF AMERICA

11. BIRTHPLACE (State or foreign country): RICHMOND, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SOLOMON ROTHSCHILD

14. MOTHER'S MAIDEN NAME: ? LOWENBERG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: MR. STANFORD Z. ROTHSCHILD JR.

ADDRESS: SUN LIFE BUILDING #21201

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 4.32.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Basilar Artery Thrombosis

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Old Myo. Inf. (2) Emphysema

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 31, 1967 19 to 10/7 1969, that (I) (we) last saw the deceased alive on 10/3/69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jack Wexler DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/7/69

23C. PHYSICIAN'S NAME (Type): DR. JACK WEXLER, MD. DEGREE

23D. ADDRESS: 222 West Cold Spring Lane Baltimore, Maryland 21210

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-8-69

24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW

24D. LOCATION (City, town, or county) (State): BERRYMANS LANE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Faber, MD

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-512

BIRTH NO. 69-18486 69 9942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9942

1. NAME OF DECEASED (Type or Print): THOMPSON, BABY BOY

2. DATE AND HOUR OF DEATH: OCTOBER 5, 1969 | 4:20 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, WILKENS & CATON AVENUES, BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 21228 Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 49 BLOOMSBURY AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-04-69

9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 23 Min.: 31

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: THEODORE E. THOMPSON, 3RD.

14. MOTHER'S MAIDEN NAME: LINDA LYNN STULL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: BALTIMORE, MD. 21229 ADDRESS: ST. AGNES HOSPITAL, WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Immaturity

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-04- 1969 to 10-05 1969 that (I) (we) last saw the deceased alive on 10-05 1969 and that to (the) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. de Castro-Alonso DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10-5-69

23C. PHYSICIAN'S NAME (Type): J. DE CASTRO-ALONSO DEGREE

23D. ADDRESS: CATON & WILKENS AVES.-BALTO., MD. 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-6-69

24C. NAME of CEMETERY or CREMATORY: Popular Springs

24D. LOCATION (City, town, or county) (State): Popular Springs Harford Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.

25C. FUNERAL DIRECTOR: Hugh Patton Slack

ADDRESS: Ellicott City, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9943

BIRTH NO. A-140 69 9943

1. NAME OF DECEASED (Type or Print): EDNA M. ABEL

2. DATE AND HOUR OF DEATH: 10/2/1969 1.45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE GOOD SAMARITAN HOSPITAL 5601 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21212

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE COUNTY (Balto. Co. 5300)

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 2317 E. JOPPA ROAD 21234

5. SEX: F 6. RACE: CAUCAS 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4/22/95 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): 4/22/ BALTO. MD. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles W. Shroyer 14. MOTHER'S MAIDEN NAME: Elizabeth Kaylor

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 168-09-4512 215-22-9664

17. INFORMANT: HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/18/ 1969 to 10/2 1969, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Caridad E. Gonzalez M.D. DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10/2/69

23C. PHYSICIAN'S NAME (Type): CARIDAD E. GONZALEZ, M.D. DEGREE

23D. ADDRESS: THE GOOD SAMARITAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10-6-1969 24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery 24D. LOCATION (City, town, or county) (State): Parkville Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969 25B. NAME OF REGISTRAR: Robert E. Farley 25C. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd. 21236

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-550

BIRTH NO. 69 9944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9944

1. NAME OF DECEASED (Type or Print): HAYMAN, MORRIS Woodland

2. DATE AND HOUR OF DEATH: 10-5-69 6:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd., Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Wycomico 7212

C. CITY OR TOWN: Salisbury

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 617 Smith Street

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-1-08

9. AGE (In years last birthday): 61

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas W. Hayman

14. MOTHER'S MAIDEN NAME: Mary Pollitt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 3-29-43 to 11-15-45

16. SOCIAL SECURITY NO.: 217-10-2413

17. INFORMANT: Records ADDRESS: VAH, 3900 Loch Raven Blvd. Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ruptured abdominal aneurysm with retroperitoneal hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: approx. 10 days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 14 1969 to October 5 1969, that (I) (we) last saw the deceased alive on October 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald Hooker, M. D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: October 6, 1969

23C. PHYSICIAN'S NAME (Type or Print): DONALD H. HOOKER, M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-9-1969

24C. NAME of CEMETERY or CREMATORY: Allen, Cemetery

24D. LOCATION (City, town, or county) (State): Allen, Wicomico, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Hill Funeral Home, ADDRESS: Salisbury, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-535 69 9945

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9945

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FLORENCE M. SNOWDEN

2. DATE AND HOUR OF DEATH: October 2, 1969 | 1:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME AND HOSPITAL 100 N. BROADWAY, BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 301
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 100 N. BROADWAY 21231

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9-23-82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICA
13. FATHER'S NAME: ROBERT SIBLEY
14. MOTHER'S MAIDEN NAME: AMANDA L. WILSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-54-3908
17. INFORMANT: Church Home & Hospital
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 410.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 39 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Mass in lower abdomen — 27 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertension, CHF, ASCVD — several years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 8-21 1969 to 10-2 1969 that I (we) last saw the deceased alive on 10-2 1969 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cezar A. Lopez MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: October 2, 1969
23C. PHYSICIAN'S NAME (Type): CEZAR A. LOPEZ MD DEGREE
23D. ADDRESS: CHURCH HOME AND HOSP.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 6 OCT 1969
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: BURGEE FUNERAL HOME
William R. Blacker
ADDRESS: 3631 Falls Rd

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-263 69 9946

REG. NO. 69 9946

1. NAME OF DECEASED (Type or Print): Estella Mc Court

2. DATE AND HOUR OF DEATH: Oct 2 1969 3 15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Wesley Home 2211 W Rogers Ave

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2755
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2211 W Rogers Ave

5. SEX: Female
6. RACE: White
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Apr 3 1886
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Mills
14. MOTHER'S MAIDEN NAME: Sarah Tyler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214501484
17. INFORMANT: The Wesley Home
ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcinoma of ovary
DUE TO, OR AS A CONSEQUENCE OF:
(B) with abdominal metastases
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 16 Sept 69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of ovary
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5 September 1969 to 2 October 1969, that (I) (~~we~~) last saw the deceased alive on 1 October 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John W Barnaby DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 30 Oct 69
23C. PHYSICIAN'S NAME (Type): Dr John W Barnaby DEGREE
23D. ADDRESS: 1652 E Belvedere Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-6-69
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: Balto Md
By Norman Wheeler Jr

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

135 18 73
BERRY, ROSA T.
B60-1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9947 REG. NO. 69 9947

1. NAME OF DECEASED (Type or Print): BERRY, Rosa RANDOLPH

2. DATE AND HOUR OF DEATH: 10/5/69 6:15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 805
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1678 Darley Street

5. SEX: Female
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/12/95
9. AGE (In years last birthday): 74 — If Under 1 Yr. Months: Days: Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-28-2115
17. INFORMANT: Ernest Berry ADDRESS: 1678 Darley Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypothermia; Cardiac failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4h

DUE TO, OR AS A CONSEQUENCE OF:

(B) Unknown cause

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Severe dehydration

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 10-4 19 69 to 10-5 19 69, that ~~(I)~~ (we) last saw the deceased alive on 10-5 19 69 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John R Brechtl MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-5-69
23C. PHYSICIAN'S NAME (Type): John R. Brechtl, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-11-69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem.
24D. LOCATION (City, town, or county): A.A. Co (State): Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Raymond Sanders ADDRESS: 217 E Preston St

VS 150-REV. 1/1/68

H-630

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9948 REG. NO. 69 9948

1. NAME OF DECEASED (Type or Print): Nathaniel M. Hardy

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 10 Day: 6 Year: 69 Hour: 8:45 a.m.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 6 Year: 69 Hour: 8:45 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. Co. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 106 Winters La. Catonsville

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Oct 30-26
10. AGE (In years last birthday): 43 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sandy Fox.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Alberta Hardy.

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): Navy II 44
17. SOCIAL SECURITY NO.:
18. INFORMANT: Alberta Jenson ADDRESS: 106 Winter Lane

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 10/7/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: Balto National Cem.
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Rayner Sanders ADDRESS: 217 E Preston St

VS 151-REV. 1/1/68

1969 0008 9

B-2101

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69 9949 REG. NO. 69 9949

44/99

1. NAME OF DECEASED (Type or Print): BARTIMUES BISHOP

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: October 3, 1969 6:33 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1204
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 308 E. 23½ Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 5-18-1916
10. AGE (In years last birthday): 53 (If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.)
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Arron Bishop
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Nancy Eley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Florence Bishop ADDRESS: 308 E 23½ St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.4 Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/4/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-8-69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A. A. Co. Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Raymond Sanders ADDRESS: 217 E. Preston St

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9950

BIRTH NO. K-325 69 9950 West Virginia

1. NAME OF DECEASED (Type or Print): RUSSELL KITCHEN

2. DATE AND HOUR OF DEATH: 10/8/69 6:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: W. VA. B. COUNTY: V-45
C. CITY OR TOWN: MARTINSBURG D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: RT 4 BOX 197

5. SEX: M 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/28/69 9. AGE (In years last birthday): If Under 1 Yr. Months: 1 Days: 10 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): W. VA. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT ~~VERNIE~~ KITCHEN 14. MOTHER'S MAIDEN NAME: VERNIE WASSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. ~~ROBERT~~ Kitchen ADDRESS: SAME AS ABOVE

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 7469 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CARDIAC ARREST — 20 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) CONGENITAL HEART DISEASE — 1 mo; 10 D.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/3 1969 to 10/8 1969, that (I) (we) last saw the deceased alive on 10/8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas B. Peterson MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 10/8/69

23C. PHYSICIAN'S NAME (Type): DOUGLAS B. PETERSON MD DEGREE 23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL 24B. DATE: 10/11/69 24C. NAME of CEMETERY or CREMATORY: MOUNTAINSIDE CEMETERY 24D. LOCATION (City, town, or county) (State): MARTINSBURG, WEST VIRGINIA

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: Robert Miller Kitchen ADDRESS: R#4 B-1 197

VS 150-REV. 1/1/68

BIRTH NO. B-660 69 9951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9951

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

CERTIFICATE AMENDED - 10/29/69

1. NAME OF DECEASED (Type or Print): MARGARET C. BEARER

2. DATE AND HOUR OF DEATH: OCTOBER 7, 1969 | 8:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GEN. HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: (BALTIMORE) MARYLAND
B. COUNTY: 21212
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1017 SP. DUNSTANS RD.

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-11-03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~NONE~~ HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): CRISFIELD, Md. ~~NEW JERSEY~~
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN R. CARMAN.
14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ VERGIE M. RIGGIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~219-05-3574~~
17. INFORMANT: HUSBAND - T. MICHAEL BEARER
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 398X I S.S. #214-14-44 (4496)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Pulmonary Congestion — few days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive Heart Failure — 2 wks
DUE TO, OR AS A CONSEQUENCE OF:
(C) Rheumatic Heart Disease — years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-27 19 69 to 10-7 19 69 that (I) (we) last saw the deceased alive on 10-7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Angelita A. Tepacio DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type): ANGELITA A. TOPACIO DEGREE
23D. ADDRESS: MARYLAND GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/1969
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

10/29/69 - Correction form from funeral director.

LBC.

S-160 69 9952

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9952

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Shafer, Grace

2. DATE AND HOUR OF DEATH: 10/7/69 9 55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Md. Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore Md
B. COUNTY: 1401
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 210 Laurens St.

5. SEX: F
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/6/06
9. AGE (In years last birthday): 63
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milliary Shop
10B. KIND OF BUSINESS OR INDUSTRY: HATS
11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES T. HESS
14. MOTHER'S MAIDEN NAME: MARY E. GREEN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-38-8045
17. INFORMANT: THOMAS B. SHAFER
ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. 442X

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracranial Aneurysm — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/4/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intracranial Aneurysm
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 1 19 69 to Oct 7 19 69 that (I) (we) last saw the deceased alive on Oct 7 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Neil Mark Keats M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): Neil Mark Keats, M. D. DEGREE
23D. ADDRESS: University of Md. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 10/8/69
24C. NAME of CEMETERY or CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 9 1969
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H. M. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-625 69 9953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9953

1. NAME OF DECEASED (Type or Print): Thomas Perkins

2. DATE AND HOUR OF DEATH: 10/3/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): I47 Monstery Ave 00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2047
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: I47 Monstery Ave

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: I2-I899
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Geoggia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Perkins
14. MOTHER'S MAIDEN NAME: Cha lottie Thomas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Adams AS I47 Montery Ave — ADDRESS

MEDICAL CERTIFICATION

18. I 412.2
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS
DUE TO, OR AS A CONSEQUENCE OF: HYPERTENSIVE C-V-D. — ? YEARS
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): NONE

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-3 1969 to 10-3 1969, that (I) (~~we~~) last saw the deceased alive on 9-29 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Fay Oshman DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-6-69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 5907 GWYNN OAK AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-7-69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Baltimore City

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Fabe, M.D.
25C. FUNERAL DIRECTOR: [illegible] — ADDRESS: 108 W Montgomery St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. O-162 69 9954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9954

1. NAME OF DECEASED (Type or Print): OSCAR W. OVERSTREET

2. DATE AND HOUR OF DEATH: Oct. 8 '69 - 8:50 p.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Balto. Co. 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 8130 OAKLE ROAD

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	CAUCASIAN	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	6-8-91	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	Shoe Manufacturer	VIRGINIA	U.S.A

13. FATHER'S NAME: ~~XXXXXXXXXXXXXX~~ Rolley Overstreet

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-03-1755

17. INFORMANT: (SON) MR. ROLLEY OVERSTREET - SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
232.6	
(A) IMMEDIATE CAUSE	
DUE TO, OR AS A CONSEQUENCE OF:	
(B) bladder tumore perforated to	
DUE TO, OR AS A CONSEQUENCE OF:	
(C) peritoneal cavity peritonitis	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-6 1969 to 10-8 1969 that (I) (we) last saw the deceased alive on 10-8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Victor C. Hazard M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Oct. 8, 1969

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	10/11/69	Moreland Memorial Park	Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 10 1969	Robert E. Talley M.D.	Leonard J. Ruck Inc.	5305 Harford Rd. 21214

VS 150-REV. 1/1/68

M-300 69 9955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9955

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET MARY ~~XXXXXX~~ Mettee

2. DATE AND HOUR OF DEATH: October 8, 1969. 11:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2806 Roselawn Avenue

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2706
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2806 Roselawn Avenue

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/2/1911
9. AGE (In years last birthday): 58
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Hession
14. MOTHER'S MAIDEN NAME: Sarah Costello

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-10-0693
17. INFORMANT: Mr. John R. Mattee ADDRESS: (Same)

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min
DUE TO, OR AS A CONSEQUENCE OF:

(B) atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 19 59 to Oct 8, 19 69, that (I) (~~we~~) last saw the deceased alive on September 3 19 69 and that in (my) (~~our~~) opinion death occurred at the date and hour and from the causes stated above. (I) (~~We~~) (~~Did~~) (did not) view the body after death.

23A. SIGNATURE: Donald Landry DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-9-69
23C. PHYSICIAN'S NAME (Type): R Donald Landort DEGREE
23D. ADDRESS: 7403 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Huck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-420 69 9956

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9956

1. NAME OF DECEASED (Type or Print): WALSH, FRANCES

2. DATE AND HOUR OF DEATH: OCTOBER 8, 1969 | 8:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVENUE BALTO. MD. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1803

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER: 814 HOLLINS STREET

ZONE: 21201

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] DIVORCED [ ]

8. DATE OF BIRTH: 08-15-84

9. AGE (In years last birthday): 85

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10B. KIND OF BUSINESS OR INDUSTRY: Clothing Co.

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN JUSKAUSAS DEC'D

14. MOTHER'S MAIDEN NAME: EVA XXXXXXXXXX DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 217031014

17. INFORMANT: ST. AGNES HOSPITAL, WILKENS & CATON AVE.

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARRHYTHMIA OF UNKNOWN ETIOLOGY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: NOT DETERMINED

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: PROBABLE OBSTRUCTIVE INTESTINAL SYNDROME — 11 days

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from OCTOBER 4 1969 to OCTOBER 8 1969 that (I) (we) last saw the deceased alive on OCTOBER 8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freijanes M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Oct. 8, 1969

23C. PHYSICIAN'S NAME (Type): JULIO FREIJANES, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL WILKENS AND CATON AVES. BALTO 29

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/11/69

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert [illegible]

25C. FUNERAL DIRECTOR: John J. Gowan & Son Inc.

ADDRESS: [illegible]

VS 150-REV. 1/1/68

H-400 69 9957

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9957

1. NAME OF DECEASED (Type or Print): GLEN V. HILL

2. DATE AND HOUR OF DEATH: Oct 6, 1969 14:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: HARFORD

6200

C. CITY OR TOWN: JOPPA

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2220 MT ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-10-17

9. AGE (In years last birthday): 52

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY: GLEN L. MARTIN CO.

11. BIRTHPLACE (State or foreign country): OKLAHOMA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM V. HILL

14. MOTHER'S MAIDEN NAME: DELLA F. BERKLEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 251 40 1101

17. INFORMANT: Elizabeth Hill, Joppa, Maryland

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — 30 mins

DUE TO, OR AS A CONSEQUENCE OF:

M.I. I

(B) (L) Ventricular failure

DUE TO, OR AS A CONSEQUENCE OF:

(C) Aortic stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Pulmonary edema

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 5 1969 to Oct 6, 1969 that (I) (we) last saw the deceased alive on Oct 6, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nicholas A. Volpicelli MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Oct 6, 1969

23C. PHYSICIAN'S NAME (Type): NICHOLAS A. VOLPICELLI M.D. DEGREE

23D. ADDRESS: JOHNS HOPKINS HOSP. BALT MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-10-69

24C. NAME of CEMETERY or CREMATORY: HARFORD MEMORIAL GARDENS

24D. LOCATION (City, town, or county) (State): ABERDEEN, HARFORD MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert E. Fisher M.D.

25C. FUNERAL DIRECTOR: Walter Wagner Jr.

ADDRESS: Tarring Funeral Home, Aberdeen, Md. 21001

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-214 69 9958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9958

1. NAME OF DECEASED (Type or Print): DE CHEUBEL, SARAH MARCELLA

2. DATE AND HOUR OF DEATH: OCTOBER 7, 1969 | 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: Howard 6300

C. CITY OR TOWN: SIMPSONVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: FREETOWN ROAD

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 07 25 03 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: NURSE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph James

14. MOTHER'S MAIDEN NAME: Elizabeth Carroll

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219344338

17. INFORMANT: ST AGNES RECORDS-BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.9 + 250.9	(A) IMMEDIATE CAUSE: Acute Myocardial Infarction	12 hrs
	DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Coronary Artery Disease	1 yr
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from OCTOBER 7 1969 to OCTOBER 7 1969 that (I) (we) last saw the deceased alive on OCTOBER 7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kyle G. Swisher Jr MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 10-7-69

23C. PHYSICIAN'S NAME (Type): Kyle G. Swisher Jr. M.D. DEGREE

23D. ADDRESS: 225 Greene St. Balto 1, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-10-69

24C. NAME of CEMETERY or CREMATORY: St Louis

24D. LOCATION (City, town, or county) (State): Clarksville Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Rebecca E. Tolley M.D.

25C. FUNERAL DIRECTOR: Higginbotham-Slack ADDRESS: Ellicott City, Md.

VS 150-REV. 1/1/68

B-640

BIRTH NO. 69 9959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9959

1. NAME OF DECEASED (Type or Print): MARIAN F. BIRREL

2. DATE AND HOUR OF DEATH: Oct 7, 69 | 6:30 Pm. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the pines Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore

C. CITY OR TOWN: Baltimore 21207 D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3519 Joan Drive

5. SEX: F.M.

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 4, 1897

9. AGE (In years last birthday): 72 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Culpeper Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bowers

14. MOTHER'S MAIDEN NAME: Fanny Harris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-26-4964

17. INFORMANT: Gordon B. Birril ADDRESS: 3806 Milford Mill Rd.

MEDICAL CERTIFICATION

1B. 174 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: TERMINAL METASTATIC CARCINOMATOSIS

DUE TO, OR AS A CONSEQUENCE OF:

(B): CANCER OF Rt. BREAST — 4 YRS.

DUE TO, OR AS A CONSEQUENCE OF:

(C):

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Hypertensive Arteriosclerotic CVD — 9-10 yrs.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4-1- 1963 to 10-7- 1969, that (I) (we) last saw the deceased alive on 10-7- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10-7-69

23C. PHYSICIAN'S NAME (Type): JOSEPH DECKELBAUM, M.D. DEGREE

23D. ADDRESS: 3502 West Rogers Ave. Balto. Md. 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Oct. 11, 69

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.

24D. LOCATION (City, town, or county) (State): Woodlawn Maryland Balto. Co.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Doring Byers ADDRESS: 8728 Liberty Rd. Randallstown

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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0-540 69 9960

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9960

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAZEL M. O'NEILL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year October 7,1969 Hour 6:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1919 E. Pratt Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 201
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1919 E. Pratt Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. DATE OF BIRTH: June 10, 1917
10. AGE (In years last birthday): 52 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George H. Slater
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
14B. KIND OF BUSINESS OR INDUSTRY: Own Home
15. MOTHER'S MAIDEN NAME: Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Margaret Wilkinson ADDRESS: 1136 Regina Dr.

MEDICAL CERTIFICATION

19. 5-7-18

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty Metamorphosis of Liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 20
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/8/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: London Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Tabby M.D.
25C. FUNERAL DIRECTOR: Ambrose Inc. ADDRESS: 1328 Lulphow Sp Rd

VS 151-REV. 1/1/68

0 0 0 0 8 9 1 6

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H-550 69 9961

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 69-16535 REG. NO. 69 9961

1. NAME OF DECEASED (Type or Print): WILLIAM BENJAMIN HOFMAN JR.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 10 Day 3 Year 69 Hour 8:18 a M.

3. DATE PRONOUNCED DEAD: Month October Day 3 Year 1969 Hour 8:18 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 703

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 9-13-69
10. AGE (In years last birthday): 3 wks.
If Under 1 Yr. Months ~~26~~ Days Hours Min.

E. STREET AND NUMBER: 509 ~~Madera St.~~ MADIERA ST.

11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WM. B. HOFMAN, SR.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT.
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: ERNESTINE L. ALEXANDER

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: —
18. INFORMANT: Mr. W. B. Hofman, Sr. ADDRESS: 509 N. Madeira St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 795 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: I Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: October 3, 1969

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-4-69
24C. NAME of CEMETERY or CREMATORY: CEDAR HILL CEM.
24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Norman Miller ADDRESS: 2334 Jefferson St.

VS 151-REV. 1/1/68

H-520

BIRTH NO. 69 9962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9962

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EDWARD HANZSCHE

2. DATE AND HOUR OF DEATH: 10-7-69 4:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: MONKTON (Sparks) D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: YORK ROAD

5. SEX: M 6. RACE: Caucasian 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-11-99 9. AGE (In years last birthday): 70 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optician ret. 10B. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD HANZSCHE 14. MOTHER'S MAIDEN NAME: ALLIE BELL FOSTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service): None 16. SOCIAL SECURITY NO. 213-05-5282A

17. INFORMANT: ADMISSION HISTORY ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acidosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) D.H.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ASCVD, Diabetes Mellitus, emphysema, chronic alcoholism, Pat. fibrillation

19A. DATE OF OPERATION: 10-4-69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: APPENDICITIS 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-30 1969 to 10-7 1969 that (I) (we) last saw the deceased alive on 10-7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John W. Shaffer M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 10-7-69

23C. PHYSICIAN'S NAME (Type): JOHN W. SHAFFER DEGREE 23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/9/69 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969 25B. NAME OF REGISTRAR: [illegible] 25C. FUNERAL DIRECTOR: John Burns Sons ADDRESS: Towson, Md.

VS 150-REV. 1/1/68

R-200 69 9963

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9963

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): REICH, AMANDA AMELIA

2. DATE AND HOUR OF DEATH: OCTOBER 8, 1969 | 7:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL WILKENS & CATON AVENUE BALTIMORE 21229, MD.

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTO. CO. 5300

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 612 INGLESIDE AVENUE ZONE 21228

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 10-02-87

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Hipsley DEC'D

14. MOTHER'S MAIDEN NAME: ~~XXXX~~ SUSAN Trezice DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ST. AGNES HOSPITAL, WILKENS & CATON AVE. ADDRESS: BALTO. 21229, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4127

(A) IMMEDIATE CAUSE: CEREBROVASCULAR ACCIDENT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — SEVERAL YEARS NOT DETERMINED

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from OCTOBER 3 1969 to OCTOBER 8 1969 that (I) (we) last saw the deceased alive on OCTOBER 8 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio Freivanes M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Oct. 8, 1969

23C. PHYSICIAN'S NAME (Type): JULIO FREIVANES, M.D. DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL WILKENS AND CATON AVES. BALTO 29

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-13-69

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery

24D. LOCATION (City, town, or county) (State): Woodlawn-Balto.Co. Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 21228

VS 150-REV. 1/1/68

O-625 69 9964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9964

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): AUSTIN G. ORRISON

2. DATE AND HOUR OF DEATH: 8 OCTOBER 1969 | 6 45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2107 DEVERE AVE.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/23/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SIGNALMAN
10B. KIND OF BUSINESS OR INDUSTRY: B&O RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: PRESLEY ORRISON
14. MOTHER'S MAIDEN NAME: MARGARET NICHOLS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: EDNA ORRISON
ADDRESS: SAME.

MEDICAL CERTIFICATION

18. 5 69.9 I 931.2

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SERUM HEPATITIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 WEEKS

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

TRANSFUSION FOR G.I. BLEEDING — 5 MONTHS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~GRAM NEGA~~

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
GRAM NEGATIVE SEPTICEMIA.
CHRONIC PYELONEPHRITIS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (~~Yes or~~ No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/16/69 19 69 to 10/8/ 19 69 that (I) (we) last saw the deceased alive on 10/8/69 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. M. Doyle DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10/8/69
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/ 11/69
24C. NAME of CEMETERY or CREMATORY: St. Marks
24D. LOCATION (City, town, or county) (State): Petersville, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Pitzke
ADDRESS: 3630 Edmondson Ave. Balto. Md. 21228

VS 150-REV. 1/1/68

K-145

BIRTH NO. 69 9965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9965

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Freda G Kopelman (KOEPLMAN)

2. DATE AND HOUR OF DEATH: 9 Oct 69 | 2P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1307
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 505 W. University Parkway

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 03-16-09
9. AGE (In years on last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secre
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samue Kopelman
14. MOTHER'S MAIDEN NAME: Mary Gordon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital chart — ADDRESS

MEDICAL CERTIFICATION

18. 284 X

I — CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Internal hemorrhage — — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Aplastic Anemia — — CS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-3 1969 to 10-9 1969 that (I) (we) last saw the deceased alive on 10-9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Cepeda M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9 Oct 69
23C. PHYSICIAN'S NAME (Type): M. CEPEDA M.D. DEGREE
23D. ADDRESS: UNION MEM. HOSP. BALTO. MD. 21218 Union Memorial Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): 10/10/69
24B. DATE
24C. NAME of CEMETERY or CREMATORY: Binai Jacobs Cemetery
24D. LOCATION (City, town, or county) (State): Charleston West Virginia

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Witzke Funeral Home — ADDRESS: 4101 Edmondson Ave.

VS 150-REV. 1/1/68

T-552 69 9966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9966

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jacob Elmer Timanus

2. DATE AND HOUR OF DEATH: 10-8-69 8.05 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4784 Melbourne Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 2531

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4784 Melbourne Road

5. SEX: male

6. RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 13, 1910

9. AGE (In years last birthday): 59

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Repairman

10B. KIND OF BUSINESS OR INDUSTRY: C.P. Telephone

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Timanus

14. MOTHER'S MAIDEN NAME: Rose ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-05-0642

17. INFORMANT: Mrs. Mae Timanus 4784 Melbourne Rd.

ADDRESS: 21229

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 min.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Coronary Sclerosis — 10 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 27 1968 to October 8 1969, that (I) (~~we~~) last saw the deceased alive on July 25 1969 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Wilmer K. Gallager Sr. M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10-8-69

23C. PHYSICIAN'S NAME (Type): Dr. Wilmer K. Gallager, Sr. DEGREE

23D. ADDRESS: 6209 Frederick Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/11/69

24C. NAME of CEMETERY or CREMATORY: Loudon Park

24D. LOCATION (City, town, or county) (State): 3801 Frederick Ave.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert E. [illegible] M.D.

25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., Catonsville

ADDRESS: 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1
B-450

BALTIMORE CITY HEALTH DEPARTMENT

69 9967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 69 9967

1. NAME OF DECEASED (Type or Print): Sallie M. Bellonan (Bellamy)

2. DATE OF DEATH — Known [X] Estimated [ ]: Month 10, Day 6, Year 69, Hour 11:50 P.M.

3. DATE PRONOUNCED DEAD: Month 10, Day 6, Year 69, Hour 11:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home and Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 604
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 115 N. Wolfe St.

6. SEX: female
7. RACE: colored
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 9-13-1932
10. AGE (In years last birthday): 37
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Scotland Neck, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Bellamy

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Home
15. MOTHER'S MAIDEN NAME: Georgiana Jones

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mr. Herbert Bellamy ADDRESS: 15 Wolcott Terr. New Jersey

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz, M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 10/7/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-11-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

1 9 6 9 0 0 0 8 9 5 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9968

BIRTH NO. H-525 69 9968

1. NAME OF DECEASED (Type or Print): Hartwig Millard Hanson

2. DATE AND HOUR OF DEATH: October 6, 1969 9 35 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 2710
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5202 St. Georges Ave.

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1/1/1887 9. AGE (In years last birthday): 82 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Retired
10B. KIND OF BUSINESS OR INDUSTRY: Mfct Co
11. BIRTHPLACE (State or foreign country): Gloucester, Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Hanson
14. MOTHER'S MAIDEN NAME: Maren S. Evanson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 10 1128
17. INFORMANT: Clinton H Hanson ADDRESS: 3018 Louise Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 4109

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart failure
Coronary arteriosclerosis
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) Uremia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1958 19 to 9-29 19 69, that (I) (~~we~~) last saw the deceased alive on 9-29 19 69 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Harry B. Scott DEGREE: Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type): Harry B. Scott, M. D. DEGREE:
23D. ADDRESS: 721 Medical Arts Building Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/10/69
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Taylor Ave Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Tabby, M.D.
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd

0 0 0 8 9 5 1

VS-190 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-631 69 9969 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X REG. NO. 69 9969

BIRTH NO.

44/99

1. NAME OF DECEASED (Type or Print) GENEVIE M. BRADFORD	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year October 6,1969 Hour 7:10 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL (DOA)	3. DATE PRONOUNCED DEAD Month Day Year October 6,1969 Hour 7:10 A. M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore 5300
6. SEX Female	7. RACE White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Towson
D. INSIDE CITY LIMITS? YES ☐ NO ☒	
9. DATE OF BIRTH Feb. 4, 1900	10. AGE (In years last birthday) 69 ~~YRS~~ — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
E. STREET AND NUMBER 229 Burke Avenue	
11. BIRTHPLACE (State or foreign country) ~~XXXXXXXXXXXX~~ Balto.Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Bradford	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired school teacher- Balto. City	14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Isabelle Broring	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no — (If yes, give war or dates of service)	17. SOCIAL SECURITY NO. 214-40-5445
18. INFORMANT Harry J. Collier	ADDRESS 6700 Parkway Road Balto.Md.

MEDICAL CERTIFICATION

19. 4/24

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION 2 | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. | 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE R S Fisher M.D.

EXAMINER'S NAME (Type) Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 10/6/69

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	10/6/69	Greenmount Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 10 1969	Robert E. Faber M.D.	Mitchell-Wiedefeld Home	6500 York Road Balto.,Md. 21212

VS 151-REV. 1/1/68

L-000 69 9970

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9970

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Raymond V. Lee
MR. RAYMOND V. LEE

2. DATE AND HOUR OF DEATH: Oct. 7th 1969 | 5:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
CHURCH HOME AND HOSPITAL
35 Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3479 Dunhaven Road

5. SEX: MALE
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 31, 1899
9. AGE (In years last birthday): 70
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Lee
14. MOTHER'S MAIDEN NAME: Anna T. Dennis
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-3886
17. INFORMANT: Mrs. Roberta Lee
ADDRESS: 3479 Dunhaven Road, Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

15719 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RIGHT LOWER LOBE PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF:

(B) METASTASES (PULMONARY) — Over 2 months
DUE TO, OR AS A CONSEQUENCE OF:

(C) CARCINOMA OF THE STOMACH — 6 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
EMPHYSEMA AND OTHER DISTANT METASTASES — Over 2 months

19A. DATE OF OPERATION: Oct 1st. 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CARCINOMA STOMACH
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from SEPT 15TH 1969 to OCT 7TH 1969 that ~~(I)~~ (we) last saw the deceased alive on OCT 7TH 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] (MBBS) MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Oct. 7th 1969
23C. PHYSICIAN'S NAME (Type): AHMAD FAROUK AZAM MD DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL 100, N BROADWAY BALTO. MD 21231

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9971

69 9971

1. NAME OF DECEASED (Type or Print): MALINOSKI, Anthony Michael

2. DATE AND HOUR OF DEATH: 10-8-69 3:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 104
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 825 South Lakewood Avenue

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-6-98
9. AGE (In years last birthday): 71
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Malinoski
14. MOTHER'S MAIDEN NAME: Mary Malczewski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 5-25-17 to 10-3-19
16. SOCIAL SECURITY NO. 215-07-16-45
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — 412.3

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: LOBAR PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) GENERALIZED ARTERIOSCLEROSIS — 8 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C) OLD MYOCARDIAL AND CEREBRAL INFARCTS — 16 MONTHS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
AMPUTATION OF BOTH LEGS, ABOVE KNEES. — 2 MONTHS

19A. DATE OF OPERATION: 8/15/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ARTERIOSCLEROSIS.
20A. AUTOPSY? (Yes or No): YES.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [X] (this hospital) attended the deceased from March 31, 1968 to October 8, 1969, that [X] (we) last saw the deceased alive on October 8, 1969 and that in [X] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (We) (did) [XXXX] view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [XX]
23B. DATE SIGNED: 10/9/69
23C. PHYSICIAN'S NAME (Type): VINCENT LOPEZ-MAJANO M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: John J. Dudz
ADDRESS: 2829 Hudson St. Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-120 69 9972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 69 9972

1. NAME OF DECEASED (Type or Print): Alton Joseph Lipps, SR

2. DATE AND HOUR OF DEATH: 10/8/69 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hosp. Balto, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Frederick 6011

C. CITY OR TOWN: Frederick D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 274 Dill Ave

5. SEX: M 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/15/04 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal supervisor

10B. KIND OF BUSINESS OR INDUSTRY: US Post office

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Lipps

14. MOTHER'S MAIDEN NAME: Florence Andrews.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216 44 3322

17. INFORMANT: Clinical Record Univ. Hosp. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/29/69 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca pancreas

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Karl F. Mech, Jr. MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 10/8/69

23C. PHYSICIAN'S NAME (Type): Karl F. Mech, Jr. M.D. DEGREE — 23D. ADDRESS: University Hosp MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 10/11/69 24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cemetery 24D. LOCATION (City, town, or county) (State): Frederick Fredrick Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969 25B. NAME OF REGISTRAR: Robert E. Tolley M.D. 25C. FUNERAL DIRECTOR: Donald Tedeley ADDRESS: 108 E. Patrick St Frederick Md

VS 150-REV. 1/1/68

L-236 69 9973

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9973

1. NAME OF DECEASED (Type or Print): LASSITER, ELSIE

2. DATE AND HOUR OF DEATH: 10-9-69 | 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2503 ELSINORE, A. VE 1538
C. CITY OR TOWN: BALTO. MD
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER:

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 5-12-07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10B. KIND OF BUSINESS OR INDUSTRY: PVT FAMILY
11. BIRTHPLACE (State or foreign country): BALTO MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EMANUEL WHITTINGTON
14. MOTHER'S MAIDEN NAME: IRENE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: SARAH WILLIAMS
ADDRESS: 707 N. MOSNER ST

MEDICAL CERTIFICATION

18. 1551.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hepatoma.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10.7. 1969 to 10.9. 1969, that (I) (we) last saw the deceased alive on 10.9.69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10.9.69.
23C. PHYSICIAN'S NAME (Type): ZAHEER AHMAD KHAN DEGREE
23D. ADDRESS: % Lutheran Hospital of MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/13/69
24C. NAME of CEMETERY or CREMATORY: Mt AUBURN
24D. LOCATION (City, town, or county) (State): BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: [signature] P Hayes
ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9974

BIRTH NO. B-616 69 9974

1. NAME OF DECEASED (Type or Print): John Thomas Barbour

2. DATE AND HOUR OF DEATH: 10-6-69 | 12⁰⁰ A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 36

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1802

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1116 SarahAnn Street

5. SEX: Male

6. RACE: Negroid

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-31-01

9. AGE (In years last birthday): 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Barbour

14. MOTHER'S MAIDEN NAME: Ella Blanchard

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212019053

17. INFORMANT: Gladys Barbour

ADDRESS: 2237 W. Fayette St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 153.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: MASSIVE ATELECTASIS

DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA OF COLON

DUE TO, OR AS A CONSEQUENCE OF:

(C) HCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 25 1969 to Oct. 5 1969, that (I) (we) last saw the deceased alive on Oct. 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arturo A. Pidlaoan MD

DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: Oct. 6 1969

23C. PHYSICIAN'S NAME (Type): Arturo A. Pidlaoan, M. D.

DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-10-69

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Valerie E. Tolley, R.S.

25C. FUNERAL DIRECTOR: V.R. Bailey Kelson F.H.

ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650 69 9975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9975

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen M. Brown

2. DATE AND HOUR OF DEATH: 10-8-69 | 2.30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): c/o Key Circle Hospice 1214 Eutaw Place Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 725 George St.

5. SEX: F
6. RACE: C
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/19/1884
9. AGE (In years last birthday): 85
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kajay
14. MOTHER'S MAIDEN NAME: Harriet Anne Lee

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Josephine Holley ADDRESS: 1104 N. Stricker St. - NIECE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4-36.9

(A) IMMEDIATE CAUSE: C.V.A.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Senility
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-1 1969 to 10-8 1969, that (I) (we) last saw the deceased alive on 10-1 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Fernando B. Julio DEGREE
23D. ADDRESS: 5428 Sinclair LA Balto. Md. 21206

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-11-69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Jacob E. [illegible]
25C. FUNERAL DIRECTOR: V.R. Bailey Kelson F.H. ADDRESS: 1348 N. Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-242 69 9976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9976

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY WIGGLESWORTH

2. DATE AND HOUR OF DEATH: 2:45 am 10/7/69 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Maryland

46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 1538

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3311 Liberty Heights Avenue

5. SEX: Male

6. RACE: Negroid

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-25-00

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217012593

17. INFORMANT: Mable Wigglesworth ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 4329 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro vascular accident.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11:30 pm 10/6 1969 to 2:45 am 10/7 1969, that (I) (we) last saw the deceased alive on 2:45 am 10/7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: P Khastagir DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 10/7/69

23C. PHYSICIAN'S NAME (Type): PRATIMA KHASTAGIR, MD DEGREE

23D. ADDRESS: Lutheran Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-11-69

24C. NAME of CEMETERY or CREMATORY: Carver Mem. Pk.

24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert E. Foley, M.D.

25C. FUNERAL DIRECTOR: V.R. Bailey Nelson F.H. ADDRESS: 1348 N. Calhoun Street

VS 150 (REV. 7/1/66)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 69 9977 REG. NO. 69 9977

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Frances Rawlings

2. DATE AND HOUR OF DEATH: 10-7-69 6:15 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217
39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1402
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 544 Mosher Street

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-15-84
9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Parker
14. MOTHER'S MAIDEN NAME: Annie Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-01-2831
17. INFORMANT: Mrs. Mable Lee-daughter ADDRESS: Same; Mr. Leroy A. Rawlings-son ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 2391

(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: From 10-1-69 To 10-7-69

DUE TO, OR AS A CONSEQUENCE OF:

(B) Malnutrition & Dehydration

DUE TO, OR AS A CONSEQUENCE OF:

(C) Abdominal newgrowth

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 1, 1969 to October 7, 1969 that (I) (we) last saw the deceased alive on October 7, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Laredo M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-7-69
23C. PHYSICIAN'S NAME (Type): C. Laredo, M.D. DEGREE
23D. ADDRESS: 1514 Division Street Balto., Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: W.R. Bailey ADDRESS: Kelson F.H. 1348 Calhoun Street

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9978

BIRTH NO. D-300 69 9978

1. NAME OF DECEASED (Type or Print): Anna Doda

2. DATE AND HOUR OF DEATH: 10-8-69 5:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 813 Cedarcroft Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2768

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 813 Cedarcroft Road

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: May 5, 1895

9. AGE (In years last birthday): 74

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner

10B. KIND OF BUSINESS OR INDUSTRY: 69 9979

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gregory Kuczak

14. MOTHER'S MAIDEN NAME: Catherine Myszak 69 9979

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-32-1965

17. INFORMANT: Victor P. Doda

ADDRESS: 1432 E. Fort Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF:

(B) CORONARY ARTERY DISEASE

DUE TO, OR AS A CONSEQUENCE OF:

(C) GENERALIZED ARTERIOSCLEROSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 15 1969 to Oct. 8 1969, that (I) (we) last saw the deceased alive on 9-23 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Menendez, MD DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 10-10-69

23C. PHYSICIAN'S NAME (Type): MARCO M. MENENDEZ, MD DEGREE

23D. ADDRESS: 5820 YORK RD. BALTO. MD 21212

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/11/69

24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969

25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.

25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc.

ADDRESS: 809 E. Fort Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-300 69 9979 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9979

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JULIUS DODA

2. DATE OF DEATH: Known ☐ Estimated ☐ Month October Day 8 Year 1969 Hour 11:25 A.M.

3. DATE PRONOUNCED DEAD: Month October Day 8 Year 1969 Hour 11:25 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 13 S. Collington Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 105
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 13 S. Collington Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: July 1, 1888
10. AGE (In years last birthday): 81 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME: Walter Doda

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Pompeian Olive Oil Corp.
15. MOTHER'S MAIDEN NAME: Smentkoski

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 217-03-3230
18. INFORMANT: Mrs. Stella Doda ADDRESS: 13 S. Collington Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No) no (Inquiry)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☒ Inspection ☐ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/9/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc. ADDRESS: 8 E. Fort Avenue

VS 151-REV. 1/1/68

1 5 9 0 0 0 8 9 6 5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-400 69 9980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9980

1. NAME OF DECEASED (Type or Print): Bell, Mrs Mary Stuart

2. DATE AND HOUR OF DEATH: 10-9-69 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 Keswick Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Keswick 1307
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 900 W. 40th Street

5. SEX: F 6. RACE: W- 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: May 31- 1875 9. AGE (In years last birthday): 94 If Under 1 Yr. Months Days Hours Min. 24 Hrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CLERK
10B. KIND OF BUSINESS OR INDUSTRY: Md. National Bank
11. BIRTHPLACE (State or foreign country): Baltimore - Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry C. Bell
14. MOTHER'S MAIDEN NAME: Betsy Ormington Stuart

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-14-5406
17. INFORMANT: Keswick Records - ADDRESS: W. Winter R.N.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease — 4 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Osteoarthritis — 4 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6 Dec 1965 to 9 Oct 1969, that (I) (we) last saw the deceased alive on 9 Oct 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Aubrey D. Richardson M.D. DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 9 Oct 1969
23C. PHYSICIAN'S NAME (Type): Dr. Aubrey D. Richardson DEGREE
23D. ADDRESS: Keswick Home

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/13/69
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Jenkins M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

0 0 0 8 9 6 6

VS 150-REV. 1/1/68

H-322 69 9981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9981

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LOUISE S. HUTCHISON

2. DATE AND HOUR OF DEATH: Oct. 9 1969 8:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital 33rd & Calvert Sts.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2748
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1106 RAMBLEWOOD ROAD

5. SEX: F
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-5-09
9. AGE (In years last birthday): 60 ~~59~~
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: MR. JOHNE SHAKELFORD
14. MOTHER'S MAIDEN NAME: KATE HUNTER ~~UNKNOWN~~
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 412-54-2870
17. INFORMANT: ROBERT L. HUTCHISON
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST ~~CARDIAC ARREST~~
DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROSIS OF CORONARY ARTERIES.
(B) ~~Myocar~~
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): possible myocardiopathy — E.F.

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~Sept~~ 30 1969 to Oct 9 1969 that (I) (we) last saw the deceased alive on 10-9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Emmanuel C. Bera MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 8-9-69
23C. PHYSICIAN'S NAME (Type): EMMANUEL C. BERA, M.D. DEGREE
23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: GREEN MOUNT
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: HENRY W. JENKINS & SONS CO.
ADDRESS: 4905 YORK RD BALT 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 69 9982

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9982

1. NAME OF DECEASED (Type or Print): WALLACE J. TAYLOR

2. DATE AND HOUR OF DEATH: 10/7/69 | 2:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 1202
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3100 ST. PAUL ST

5. SEX: M
6. RACE: CAUCASIAN
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/3/04
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAINER
10B. KIND OF BUSINESS OR INDUSTRY: HORSES
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WILLIAM TAYLOR
14. MOTHER'S MAIDEN NAME: LOUISE GRIFFITH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-34-6347
17. INFORMANT: MRS. ELIZABETH W. TAYLOR
ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIOVASCULAR COLLAPSE
DUE TO, OR AS A CONSEQUENCE OF:
(B) ACUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/7 1969 to 10/7 1969 that (I) (we) last saw the deceased alive on 10/7 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald M. Legum M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): RONALD M. LEGUM M.D. DEGREE
23D. ADDRESS: 3100 ST. PAUL ST.

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 10/7/69
24C. NAME of CEMETERY or CREMATORY: JOHNS HOPKINS SCH. OF MEDICINE - ANATOMY
24D. LOCATION (City, town, or county) (State): 709 N. WOLFE ST.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Faiber, M.D.
25C. FUNERAL DIRECTOR: J. JENKINS & SONS
ADDRESS: 4905 YORK ROAD 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9983

BIRTH NO. L-625 69 9983

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WILLIAM C. LURSSEN

2. DATE AND HOUR OF DEATH: 10-9-69 5.45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in the Pines Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2749
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1510 Pentridge Road

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-2-1879
9. AGE (In years last birthday): 90
If Under 1 Yr. Months Days: If Under 24 Hrs. Hours Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10B. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lurssen
14. MOTHER'S MAIDEN NAME: Margaret Seimers
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-05-5399
17. INFORMANT: Catherine L. Lurssen
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 560.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: BRONCHO-PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) INTESTINAL OBSTUCTION, PARTIAL — 3 1/2 WEEKS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CHRONIC BRAIN SYNDROME — YEARS.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 16, 1969 to OCT. 9, 1969, that (I) (we) last saw the deceased alive on OCT. 7, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arthur Karfgin DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 10/9/69
23C. PHYSICIAN'S NAME (Type): Arthur Karfgin MD DEGREE
23D. ADDRESS: 1532 Havenwood Rd., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 10-11-69
24C. NAME of CEMETERY or CREMATORY: Lorraine Mausoleum
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 10 1969
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: Balto., Md.

VS 150-REV. 1/1/68

50-37-22 MAS 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-623 69 9984

REG. NO. 69 9984

1. NAME OF DECEASED (Type or Print): Bertha Brogdon

2. DATE AND HOUR OF DEATH: 10-11-69 7:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

31 BALTIMORE CITY HOSPITALS
4940 EASTERN AVE.
BALTO. MD. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.
B. COUNTY: 703
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ✓ NO
E. STREET AND NUMBER: Balto. 961 N. CHESTER ST. 21205

5. SEX: Female
6. RACE: Negro
7. MARRIED ✓ NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: 7/26/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam
14. MOTHER'S MAIDEN NAME: Vicey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH RECORDS: old chart
ADDRESS: 4940 EASTERN AVE. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: probable ~~[illegible]~~ sepsis — approximate interval between onset and death: unknown
DUE TO, OR AS A CONSEQUENCE OF:

(B) infected left AK stump — 2 mos.
DUE TO, OR AS A CONSEQUENCE OF:

(C) diabetes mellitus, arteriosclerotic heart-cv disease — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
renal disease & anemia.

19A. DATE OF OPERATION: 8-16-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: amputation left foot
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-15 1969 to 10-11 1969, that (I) (we) last saw the deceased alive on 10-11 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Susan R. Luck MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-11-69.

23C. PHYSICIAN'S NAME (Type): Susan R. Luck MD DEGREE
23D. ADDRESS: 4940 EASTERN AVE. 21224 Balto City Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/14/69
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Tarbay M.D.
25C. FUNERAL DIRECTOR: Joseph W. Locks Jr.
ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

V-250 69 9985 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9985

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EPHRAIM Ethriam Vaughn

2. DATE OF DEATH Known ☒ Estimated ☐ Month 10 Day 12 Year 69 Hour 2:40 A.M.

3. DATE PRONOUNCED DEAD Month 10 Day 12 Year 69 Hour 2:40 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Johns Hopkins Hospital (DOA)

33

CERTIFICATE AMENDED 10/17/69

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 409

6. SEX Male 7. RACE Negro 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH 6/8/15 10. AGE (In years last birthday) 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER 1422 Asquith St.

11. BIRTHPLACE (State or foreign country) Ga. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Guy Vaughn

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 14B. KIND OF BUSINESS OR INDUSTRY American Standard 15. MOTHER'S MAIDEN NAME Edith Huggins

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT Lena Vaughn ADDRESS 1422 Asquith St

MEDICAL CERTIFICATION

19. 5310

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH ~~Cirrhosis of the liver.~~

(A) IMMEDIATE CAUSE Acute Alcoholic Intoxication
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Cirrhosis of the Liver

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner

DATE SIGNED 10-12-69

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 10/17/69 24C. NAME of CEMETERY or CREMATORY Arbutus Mem Pk 24D. LOCATION (City, town, or county) Arbutus (State) Md

25A. DATE REC'D BY HEALTH DEPT. OCT 14 1969 25B. NAME OF REGISTRAR Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR Joseph L. Locke Jr. ADDRESS 1304 N. Central Ave

1969 003 9

VS 151-REV. 1/1/68

10/17/69 - Letter from Werner U. Spitz, M.D., Deputy Chief Medical Examiner. Date: 10/14/69.

1

T-260 69 9986 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9986

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Willie Tucker

2. DATE OF DEATH — Known [X] Estimated [ ]: Month 10, Day 10, Year 69, Hour 7:59 P. M.

3. DATE PRONOUNCED DEAD: Month 10, Day 10, Year 69, Hour 7:59 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 704
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 950 N. Gay St.

6. SEX: Male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 9/8/22

10. AGE (In years last birthday): 47 — If Under 1 Yr. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilmore Portier

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Estelle Penn

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W. II

17. SOCIAL SECURITY NO.

18. INFORMANT: Estelle Penn ADDRESS: 1213 Ashland Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute ethylism

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fatty metamorphosis of the liver

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

Deputy Chief Medical Examiner

DATE SIGNED: 10-11-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/15/69

24C. NAME of CEMETERY or CREMATORY: Balto. National

24D. LOCATION (City, town, or county) (State): 5500 Frederick Ave

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Joseph G. Locke Jr.

ADDRESS: 1304 N. Central Ave

VS 151-REV. 1/1/68

1 7 8 4 0 0 0 8 1 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9987

BIRTH NO. L-652 69 9987

1. NAME OF DECEASED (Type or Print): HENRIETTA LAWRENCE

2. DATE AND HOUR OF DEATH: 10-11-1969 | 6.45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HILLCREST NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: P 2008
C. CITY OR TOWN: BALTIMORE City
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4117 MASSACHUSETTS AVE

5. SEX: Female
6. RACE: White
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 2-14-1895
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Williams
14. MOTHER'S MAIDEN NAME: Elizabeth Cloud

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: 215-12-4150
17. INFORMANT: June Burke
ADDRESS: 4117 Massachusetts Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 23.09

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: MYOCARDIAL-ISCHEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) DIABETE
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized ASCID

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-18- 1969 to 10-11- 1969, that (I) (we) last saw the deceased alive on 9-18- 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vicente M Ruano MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 10-11-1969
23C. PHYSICIAN'S NAME (Type): VICENTE M RUANO MD DEGREE
23D. ADDRESS: 1638 Reisterstown Road Balto Md 21208

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/14/69
24C. NAME of CEMETERY or CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Talbert
25C. FUNERAL DIRECTOR: J. A. Schwabe Funeral Home
ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-626 1

M-622

M-467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9988

BIRTH NO. 69 9988

1. NAME OF DECEASED (Type or Print): Mierkiewicz Mierkierviez (Miller) Pearl (Tillie)

2. DATE AND HOUR OF DEATH: 10-9-69 10:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 203
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 726 South Bond Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 4/20/1891
9. AGE (In years last birthday): 78 — If Under 1 Yr. Months Days — If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Stanislaus Brodowski
14. MOTHER'S MAIDEN NAME: Catherine Soltysiak
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 220-05-8617
17. INFORMANT: Albert S. Mierkiewicz — ADDRESS: 520 S. Bethel Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral thrombosis with — 10/4/69
DUE TO, OR AS A CONSEQUENCE OF: paralysis right
(B): arteriosclerosis generalized — years
DUE TO, OR AS A CONSEQUENCE OF:
(C): 0

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/16 1969 to 10/9 1969, that (I) (we) last saw the deceased alive on 10/9 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 10/10/69
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/13/69
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: George A. Weber — ADDRESS: 705 South Ann Street

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 100 REV. 7/1/68

69 9988 8974

55-20-93 CSK

S-360 69 9989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9989

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN SIDOR

2. DATE AND HOUR OF DEATH: 10/9/69 | 4 55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITAL 4940 Eastern Ave. Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2646

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6731 Boston Avenue

5. SEX: Male

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/24/90

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Sorter

10B. KIND OF BUSINESS OR INDUSTRY: Cambridge Iron & Metal

11. BIRTHPLACE (State or foreign country): Europe - Poland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Sidor ?

14. MOTHER'S MAIDEN NAME: Anna ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-3401

17. INFORMANT: BCH Records

ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pneumonia

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/5 19 69 to 10/9 19 69 that (I) (we) last saw the deceased alive on 10/9 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R.K. Maza MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 10/9/69

23C. PHYSICIAN'S NAME (Type): R.K. Maza MD. DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10/13/69

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: George A. Weber

ADDRESS: 705 S. Ann St. #21231

VS-160 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-630 69 9990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9990

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HEYWARD, Julius

2. DATE AND HOUR OF DEATH: 2:30 P.M. 10-9-69

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital, Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2-0-01

C. CITY OR TOWN: BALTIMOR

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2004 PENROSE AVE.

5. SEX: MALE

6. RACE: NEGROID

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-4-02

9. AGE (In years last birthday): 66

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FLOOR CRAFTER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe HAYWARD

14. MOTHER'S MAIDEN NAME: MAGGIE WHALEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-03-3413

17. INFORMANT: BEATRICE HEYWARD — ADDRESS: 1533 W. 4th ST. DEL

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CA. Of Lungs & Respiratory

DUE TO, OR AS A CONSEQUENCE OF:

(B) CA of Lung

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9-20-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Poor

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Doctor Fardin DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): DOSTAN FARDIN M.D. DEGREE

23D. ADDRESS: UNIVERSITY OF MARYLAND. HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-13-69

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Tucker M.D.

25C. FUNERAL DIRECTOR: C. R. Bailey — ADDRESS: KELSON F. H. 1348 CALHOUN ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

A-425 69 9991

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 9991

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rogers, Clarence Alexander

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 10 Day: 10 Year: 69 Hour: 9:20 P.M.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 10 Year: 69 Hour: 9:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2006

6. SEX: Male

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 12-27-27

10. AGE (In years last birthday): 41

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 22 S. Abington St.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Alexander

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME:

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes 7/22/55*10/26/55

17. SOCIAL SECURITY NO.: 217229275

18. INFORMANT: Murial Alexander ADDRESS: same wife

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E966

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple stab wounds

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Pulmonary emboli

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Monumental Bus terminal 3319 Pulaski Hwy. 2610

22D. TIME OF INJURY (APPROX.) (Month) 10 (Day) 2 (Year) 69 (Hour) 2:10A.M.

22E. INJURY OCCURRED WHILE AT WORK [XX] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR? Subject stabbed several times.

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER: Werner U. Spitz M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner 10-11-69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-15-69

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: V. Bailey ADDRESS: Kelson F.H. 1348 N. Calhoun Street

VS 151-REV. 1/1/68

N-641 1 9 6 9 0 0 0 8 9 7 7

1

O-520 69 9992 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9992

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ira Tyler Owens

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 10 Day: 6 Year: 69 Hour: 11:00 p.m.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 6 Year: 69 Hour: 11:00 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1616 Argyle Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 402

6. SEX: male
7. RACE: colored
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 6-16-02
10. AGE (In years last birthday): 67 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1616 Argyle Ave.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Owens

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Maitila Tyler

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 219-01-0795 A
18. INFORMANT: Leon Owens ADDRESS: 3411 Gywinns Falls Pkwy

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 10/7/69

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/11/69
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Dupont P. Bailey ADDRESS: Edwin Funeral Home 1349 N. Calhoun St.

VS 151-REV. 1/1/68

S-300 69 9993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9993

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wilbur Scott

2. DATE AND HOUR OF DEATH: 10-10-69 12 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MELCHOR NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO. CITY 801
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 901 W Mulberry St.

5. SEX: M.
6. RACE: N
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1890
9. AGE (In years last birthday): 80 yrs.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-18-5386
17. INFORMANT (WIFE) MILDRED SCOTT
ADDRESS: 901 W MULBERRY ST

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4.12.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Left Hemiparesis — 6 months

19A. DATE OF OPERATION: 6
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from Sept. 3 1969 to Oct. 10 1969, that (I) ~~(we)~~ last saw the deceased alive on Oct. 2 1969 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Loy M. Zimmerman MD DEGREE — Attending Phys. ☑ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 10/10/69
23C. PHYSICIAN'S NAME (Type): Loy M. Zimmerman M.D. DEGREE
23D. ADDRESS: 3202 Harford Rd Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/15/69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel, Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: 9 0 0 0
25C. FUNERAL DIRECTOR: Wm. T. Marsh
ADDRESS: 928 E North A

VS 150-REV. 1/1/68

V

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-520 69 9994

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9994

1. NAME OF DECEASED (Type or Print): Matthew Jones Sr

2. DATE AND HOUR OF DEATH: October 10, 1969 7:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital, Inc.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1514 Division Street, Baltimore, Maryland 21217
39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1604
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1018 N. Payson Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 4-6-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Barry Jones
14. MOTHER'S MAIDEN NAME: Pricilla
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 239-12-4402
17. INFORMANT: Miss Lucille Matthews- daughter
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia or Septicemia — Days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Carcinoma of Prostate — Months
DUE TO, OR AS A CONSEQUENCE OF:
(C) with recto-cysto-uretaral fistula — Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 9-14-69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Closure Colostomy
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 25, 1969 to October 10, 1969 that (I) (we) last saw the deceased alive on October 10, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Manuel J. Tan, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 10-10-69
23C. PHYSICIAN'S NAME (Type): Manuel J. Tan, M.D. DEGREE
23D. ADDRESS: 1514 Division Street Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/14/69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Wm. C March
ADDRESS: 928 E. North Ave.

VS 130 REV. 7/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-520 69 9995 REG. NO. 69 9995

1. NAME OF DECEASED (Type or Print): JONES DENNIS M

2. DATE AND HOUR OF DEATH: 10/11/69 5-15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran hospital of MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore Co. 5300

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4317 Spencer St.

5. SEX: Male

6. RACE: Bapt C

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-28-'92

9. AGE (In years last birthday): 77 yrs

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: Eliza Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-09-9856A

17. INFORMANT: Records

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(B) - of Pancreas.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): -

19A. DATE OF OPERATION: -

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: -

20A. AUTOPSY? (Yes or No): - No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? -

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): -

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): -

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): -

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR? -

22. I certify that (I) (this hospital) attended the deceased from 9-26-1969 to 10-11-1969, that (I) (we) last saw the deceased alive on 10-11-1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Kantilal J. Shah M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): KANTILAL J. SHAH M.D. DEGREE

23D. ADDRESS: Lutheran Hospital of MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 10-15-69

24C. NAME of CEMETERY or CREMATORY: Arbutus

24D. LOCATION (City, town, or county) (State): Arbutus Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Stetson & Wilson

25D. ADDRESS: 1900 W Balto. St

VS 130-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-622 69 9996 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 69 9996

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Raymond Burgess

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 10 Day: 7 Year: 69 Hour: 11:25 a.m.

3. DATE PRONOUNCED DEAD — Month: 10 Day: 7 Year: 69 Hour: 11:25 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1334 N. Mount St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1334 N. Mount St.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: ?
10. AGE (In years last birthday): 71 — If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Edna Brownley ADDRESS: 1334 N. Mount St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 10/7/69

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10-11-69
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn Md
25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Sutton & Williams
ADDRESS: 1913 W. Balto. St

VS 151-REV. 1/1/68

8 9 0 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-241 69 9997 X REG. NO. 69 9997

1. NAME OF DECEASED (Type or Print): Michlovitz, Morris ALEXANDER

2. DATE AND HOUR OF DEATH: 10-8-69 8 00 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Anne Arundel 5200
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 220 ARDEN ROAD, #21225

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-28-07
9. AGE (In years last birthday): 62
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE
10B. KIND OF BUSINESS OR INDUSTRY: STATE DEPT. OF MOTOR VEHICLES
11. BIRTHPLACE (State or foreign country): HARRISBERG, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham MICHLOVITZ
14. MOTHER'S MAIDEN NAME: IDA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 195-07-2529
17. INFORMANT: MRS. BERTHA MICHLOVITZ, 220 ARDEN ROAD #25 — ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 157.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Terminal Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) ca of the Pancreas
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: July 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Exploratory lap
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-8-69 19 to 10-8 19 69, that (I) (we) last saw the deceased alive on 10-8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Baldonado M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 10-8-69

23C. PHYSICIAN'S NAME (Type): LILIA C. BALDONADO M.D. DEGREE
23D. ADDRESS: SBGH 3001 S. Hanover Balto. Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-10-69
24C. NAME of CEMETERY or CREMATORY: BETH HAMEDROSH HAGODOL
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: SOLEVINSON & BROS. — ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-132 69 9998

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9998

1. NAME OF DECEASED (Type or Print): BERTHA LEVITAS

2. DATE AND HOUR OF DEATH: 10-9-69 1.20 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 1537

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES XXX NO ☐

E. STREET AND NUMBER: 3220 CARLISLE AVENUE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XXX DIVORCED ☐

8. DATE OF BIRTH: XXXXXXXX 9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXECUTIVE

10B. KIND OF BUSINESS OR INDUSTRY: AUTO SALVAGE

11. BIRTHPLACE (State or foreign country): CAMDEN, NEW JERSEY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: REUBEN MEISIL XX

14. MOTHER'S MAIDEN NAME: BAISA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-50-1127

17. INFORMANT: MR. REUBEN LEVITAS, 6805 HUNT COURT #21209 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min

DUE TO, OR AS A CONSEQUENCE OF:

(B) Sepsis of abdominal wounds and lower extremities — 4-5 days

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Emboli or thrombosis of aorta

19A. DATE OF OPERATION: 9/15/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: intestinal obstruction

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to Oct 7 19 69, that (I) (we) last saw the deceased alive on Oct 8 19 69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary C. Hassmann MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 10/9/69

23C. PHYSICIAN'S NAME (Type): Gary C. Hassmann MD DEGREE — 23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 10-10-69 — 24C. NAME of CEMETERY or CREMATORY: BETH HAMEDROSH HAGODOL — 24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969 — 25B. NAME OF REGISTRAR: Robert E. Farley M.D. — 25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FINNEY

G-651

BIRTH NO. 69 9999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 9999

1. NAME OF DECEASED (Type or Print): FRED S. GREENBERG

2. DATE AND HOUR OF DEATH: 10/8/69 11:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSP. BALT.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: MARYLAND, BALT 2717

C. CITY OR TOWN: BALT.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5122 WOLVERTON AVE. #15

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): ~~XXX~~ 71 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOEMAKER

10B. KIND OF BUSINESS OR INDUSTRY: REPAIRS

11. BIRTHPLACE (State or foreign country): ~~RUSSIA~~ POLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-09-1647

17. INFORMANT: MRS. ~~MIRIAM~~ MIRIAM PAPERMAN daughter — ADDRESS: 3011 Seton ~~Park~~ Hunt Rd. Tel. 922-1035

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 1950

(A) IMMEDIATE CAUSE: Widespread

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma Abdomen

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/27/69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: intestinal obstr.

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 9/29 19 69 to 10/8 19 69 that (I) ~~(we)~~ last saw the deceased alive on 10/8 19 69 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ view the body after death.

23A. SIGNATURE: J Soliman M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 10/8/69

23C. PHYSICIAN'S NAME (Type): JOSEPH A SOLIMAN MD. DEGREE

23D. ADDRESS: SINAI HOSP. BALT.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 10-9-69

24C. NAME of CEMETERY or CREMATORY: KOVNA CONGREGATION

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969

25B. NAME OF REGISTRAR: Robert E. Barber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. — ADDRESS: 6010 REISTERSTOWN RD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-252

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 69 10000

69 10000

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WASKINS, ~~XXXXXXXXXX~~ LILLIAN

2. DATE AND HOUR OF DEATH: 10/7/69 11:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, Belvedere at Greenspring

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2720
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3629 Glengyle Ave. 21215 APT D-6

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/18/22
9. AGE (In years last birthday): 47
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~XXXXXXXXXXXXXXXX~~ HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB MILLIMAN
14. MOTHER'S MAIDEN NAME: MINNIE WEINER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MR. AVERON WASKINS ~~XXXXXXXXXXXXXXXXXXXX~~ ADDRESS: 3629 GLENGYLE AVE, APT. D-6

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Renal Failure & Uremia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinomatosis, metastatic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of Breast

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 10/3 1969 to 10/7 1969 that ~~(I)~~ (we) last saw the deceased alive on 10/7 1969 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 10/7/69
23C. PHYSICIAN'S NAME (Type): JOSE F. CALIMLIM, JR. MD DEGREE
23D. ADDRESS: Sinai Hosp. of Balto

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 10-9-69
24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)
24D. LOCATION (City, town, or county) (State): W. ROGERS AVE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: OCT 14 1969
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68